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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

'	or other man	All Additionized	Committee			Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	=/10	mple: If typir r the lines.	ng, type	12FE4M5		
American Podiatric Me	dical Associat	ion Political A	Action Co	mmittee			1
ADDRESS (number and street)	9312 Old Georget	own Road					
Check if different							
than previously reported. (ACC)	Bethesda				MD	20814-1698	
2. FEC IDENTIFICATION NU	MBER ▼	CITY		S	STATE 🛦	ZIP COI	DE 🛦
C C00008839		3. IS THIS REPORT	V .	NEW OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Quarterly Report (Q	(c) 12-Day PRE-EI Report  (d) 30-Day	for the:  Election on		12C)	Sep	in the	Special (30S)
5. Covering Period 10	16	2014	through	M = M	/ 24 /	2014	
I certify that I have examined thi Type or Print Name of Treasurer	·	•	wiedge and b	oeliet it is trud	e, correct and	complete.	
Signature of Treasurer Dr. Ro	andy K. Kaplan		[Electronically		ate 12	/ 02 / 02	2014
NOTE: Submission of false, errone Office	ous, or incomplete	minormation may st	ibject the pers	son signing th	is neport to tr	-	
Use Only						FEC FOR Rev. 12/20	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 10 16 2014 To: 11 24 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		494355.15
	(b) Cash on Hand at Beginning of Reporting Period	509320.65	
	(c) Total Receipts (from Line 19)	33797.20	389262.70
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	543117.85	883617.85
7.	Total Disbursements (from Line 31)	249000.00	589500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	294117.85	294117.85
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### American Podiatric Medical Association Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period			
I. Contributions (other than loans) From:	Total Tillo Totlou	Calendar Year-to-Date		
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	17588.00	245060.00		
(ii) Unitemized	16209.20	136702.70		
(iii) TOTAL (add	33797.20	381762.70		
Lines 11(a)(i) and (ii)▶	33797.20	361702.70		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry		001700 70		
Totals to Line 33, page 5)▶	33797.20	381762.70		
2. Transfers From Affiliated/Other				
Party Committees	0.00	0.00		
3. All Loans Received	0.00	0.00		
5. All Loans neceived	7	7 7		
A Loop Denouments Dessived	0.00	0.00		
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
6. Refunds of Contributions Made	7	7		
to Federal Candidates and Other				
Political Committees	0.00	7500.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
3. Transfers from Non-Federal and Levin Funds	,	, ,		
(a) Non-Federal Account	0.00			
(from Schedule H3)	0.00	0.00		
	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(c) Total Transfers (add To(a) and To(b))	3.00	0.00		
9. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	33797.20	389262.70		
D. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	33797.20	389262.70		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: —— (a) Allocated Federal/Non-Federal	11110 1 01100	Calcilda Tear-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating				
Expenditures	0.00	0.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party	0.00	0.00		
Committees	0.00	0.00		
Contributions to				
Federal Candidates/Committees and Other Political Committees	249000.00	589500.00		
Independent Expenditures				
(use Schedule E)	0.00	0.00		
Coordinated Party Expenditures (2 U.S.C. §441a(d))				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
That I olded committees	0.00			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))▶	3.00	0.00		
Other Disbursements	0.00	0.00		
Other Dispursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
		0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	0.00	0.00		
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Lines so(a)(i), so(a)(ii) and so(b))	5.55	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	249000.00	589500.00		
, , , , , , , , , , , , , , , , , , , ,		303500.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	249000.00	589500.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	33797.20	381762.70
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33797.20	381762.70
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NOME (check only one)

F	FOR LINE NUMBER:				PAGE	•	6	OF		63	
(check only one)											
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) American Podiatric Medical A	Association Political Action Committe	ee		
Full Name (Last, First, Middle Initial)  1. Dr. Rusty Lee Cain		Date of Receipt		
Mailing Address Doctors Foot Center 1228 Country Club Rd.		10 16 _ 2014 _		
City	State Zip Code	Transaction ID : ADFAEA19BBE74499FA10		
Fairmont	WV 26554-2369	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	300.00		
Name of Employer	Occupation	1		
Doctors Foot Center	Podiatric Physician			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General Other (specify) ▼	300.00			
Full Name (Last, First, Middle Initial)  3. Dr. W. Ryan Meredith IV				
Mailing Address Gaston Foot & Ankle Asso	M = M / D = D / Y = Y = Y			
251 Wilmot Dr.	01.11	10 16 2014		
Contania	State Zip Code	Transaction ID : A564830EBA1184F74B2D		
Gastonia	NC 28054	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	300.00		
Name of Employer	Occupation	-		
Gaston Foot & Ankle Associates	Podiatric Physician			
Receipt For:	Aggregate Year-to-Date ▼	1		
Primary General				
Other (specify) ▼	300.00			
Full Name (Last, First, Middle Initial)  Dr. Robert Frimmel		Date of Receipt		
Mailing Address Sarasota Footcare Cente 1921 Waldemere St. #106		10 17 2014		
City	State Zip Code	Transaction ID : ABFDC6785192E4E7A821		
Sarasota	FL 34239	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	25.00		
Name of Employer	Occupation	-		
Sarasota Footcare Center	Podiatric Physician			
Receipt For:	Aggregate Year-to-Date ▼	-		
Primary General	00 0			
Other (specify) ▼	250.00			
SUBTOTAL of Receipts This Page (optional	l) <b>&gt;</b>	625.00		
TOTAL This Period (last page this line num	ber only)			

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Mark Andrew Lambert Date of Receipt Mailing Address Pensacola Foot & Ankle Center 4850 N. 9th Ave. 2014 10 City Zip Code State Transaction ID: A9DCD27748D6E40A78D4 FL Pensacola 32503-2407 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Pensacola Foot & Ankle Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jason L. Seiter Date of Receipt Mailing Address 6224 Gordon Ln. 10 17 2014 City State Zip Code Transaction ID: A1042FAAD5F554C4BBB8 Fort Smith AR 72903-2633 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. H. F. Brown III Date of Receipt Mailing Address 2001 Georgia Ave. 10 19 2014 City State Zip Code Transaction ID: A64AD4DC1CB444D92B67 AR Little Rock 72207 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE	: PAGE	E 8 OF	63			
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	To commercial purposes, other than using the	Traine and address of any pointed committee to	Const. Contributions from Such Committee.
$\rangle$		ociation Political Action Committee	е
Α.	Full Name (Last, First, Middle Initial) Dr. Renee L. Mackey	Date of Receipt	
	Mailing Address Northeast Ohio Medical Associ 2640 W. Market St. #301	ates	10 19 _ 2014 _
	City	State Zip Code	Transaction ID : A7CC24E799508474D9C3
	Fairlawn	OH 44333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25.00
	Name of Employer	Occupation	
	Self-Employed	Podiatric Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Tyson E. Green		Date of Receipt
	Mailing Address 1747 Imperial Blvd.		10 20 2014
	City	State Zip Code	Transaction ID : AD101E3A41ECF490A990
	Lake Charles	LA 70605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.00
	Name of Employer Self-Employed	Occupation Podiatric Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	1400.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Gary S. Saphire		Date of Receipt
	Mailing Address 248 Avenue P		10 20 2014
	City	State Zip Code	Transaction ID : A3A986D9F74DC433EBCF
	Brooklyn	NY 11204-4934	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	85.00
	Name of Employer	Occupation	
	Self-Employed	Podiatric Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	765.00	
s	UBTOTAL of Receipts This Page (optional)		210.00
Т	OTAL This Period (last page this line number of	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE		9	OF	63		
(check only one)									
X	11a		11b		11c		12	!	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the		solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Asso	ociation Political Action Committe	e
Full Name (Last, First, Middle Initial) Dr. Ingrid M. Stines  Mailing Address 3955 Patient Care Way  City Lansing  FEC ID number of contributing	State Zip Code MI 48911-4299	Date of Receipt  10 20 2014  Transaction ID: A214A1391F6D1490D87D  Amount of Each Receipt this Period  46.00
federal political committee.  Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician Aggregate Year-to-Date ▼  368.00	40.00
Full Name (Last, First, Middle Initial)  3. Dr. Charles P. Chapel  Mailing Address 12084 Cortez Blvd.		Date of Receipt  10 21 2014
City Brooksville  FEC ID number of contributing federal political committee.	State Zip Code FL 34613	Transaction ID: A296373E41D7B458A98E  Amount of Each Receipt this Period  150.00
Name of Employer Self-Employed  Receipt For:  Primary General Other (specify) ▼	Occupation  Podiatric Physician  Aggregate Year-to-Date ▼  450.00	
Full Name (Last, First, Middle Initial)  Dr. Mark E. Reiner  Mailing Address The Podiatry Group/The Foot D  637 E. Matthews Ave.  City	State Zip Code	Date of Receipt  10 21 2014  Transaction ID : A12E80DEFA35B4D7CB2
Jonesboro  FEC ID number of contributing federal political committee.  Name of Employer  The Podiatry Group, The Foot Doctors,  Receipt For:  Primary  General	AR 72401-3145  C  Occupation  Podiatric Physician  Aggregate Year-to-Date ▼	Amount of Each Receipt this Period  200.00
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of	<u>·</u>	396.00

	FOR LINE NUMBER:	PAGE 10 OF
Use separate schedule(s)	(check only one)	
for each category of the Detailed Summary Page	X 11a 11b	11c 12
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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	, p	211 25
	sociation Political Action Committe	e
/		
Full Name (Last, First, Middle Initial)  1. Dr. Gina Lynn Ruesch		Date of Receipt
Mailing Address 1203 Bay Cove		Man / Dan / Yayayay
		10 21 2014
City	State Zip Code	Transaction ID : AD80A6B8B7712477F8D6
Saint Paul	MN 55110-6757	Amount of Each Receipt this Period
FEC ID number of contributing	C	250.00
federal political committee.	<u> </u>	230.00
Name of Employer	Occupation	+
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	250.00	
Full Marco / A of Fig. 1 2010 1 2010		
Full Name (Last, First, Middle Initial)  3. Dr. Francis J. Bean		Date of Receipt
Mailing Address Foot & Ankle Center		Date of Receipt
1001 Hadley Rd.		10 24 2014
City	State Zip Code	Transaction ID : A9F91AE019FD94FB78FC
Mooresville	IN 46158	Amount of Each Receipt this Period
FEC ID number of contributing	C	
federal political committee.	C	300.00
Name of Employer	Occupation	-
Foot & Ankle Center	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	300.00	
	, , , , , , , , , , , , , , , , , , , ,	
Full Name (Last, First, Middle Initial)  Dr. Patricia A. Moore		Date of Possint
·		Date of Receipt
Mailing Address 52303 Emmons Rd. #30		10 24 _ 2014 _
City	State Zip Code	Transaction ID : A2169EE7C401241FDBD8
South Bend	IN 46637	Amount of Each Receipt this Period
FEC ID number of contributing	C	
federal political committee.	C	250.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		800.00
(optional)		
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Bradley Dewayne Nelson Date of Receipt Mailing Address 2429 Sunup Dr. 2014 10 24 City Zip Code State Transaction ID: ADDFAD8128B234CB0A40 OK Clinton 73601 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark H. Schlichter Date of Receipt Mailing Address 14 Lakeview Ct. 10 24 2014 City State Zip Code Transaction ID : A5DF52691818E441EB42 IN Pittsboro 46167 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Chapel Hill Foot & Ankle Care Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael K. Wilson Date of Receipt Mailing Address 1126 S.W. 89th St. 10 24 2014 City State Zip Code Transaction ID: A0173435A2E2840CEA64 OK Oklahoma City 73139 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 800.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 12 OF 63 Use separate schedule(s) (check only one) X 11a 11b 12 11c 13 14 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. John P. Beaupied Date of Receipt Mailing Address The Palos Podiatry Group 6420 W. 127th St. #105 2014 10 City Zip Code State Transaction ID: AFEB49090AD3740A4937 Palos Heights IL 60463 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation The Palos Podiatry Group Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Deborah Behre Date of Receipt Mailing Address P.O. Box 14653 10 29 2014 City State Zip Code Transaction ID: A89E69A87AE2340F2A2F WA Tumwater 98511 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Gregory W. Bryan Date of Receipt Mailing Address Ark LA Tex Foot Specialists, LLC 385 Bert Kouns #200 10 29 2014 City State Zip Code Transaction ID: AAC43ED1C51474C3EBD1 LA Shreveport 71106 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Ark LA TexFoot Specialists, LLC Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

	FOF	R LINE	NU	IMBER	:	PAGE	•	13 OF	=	63
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

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	sing the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Podiatric Medica	Il Association Political Action Committe	∋e
Full Name (Last, First, Middle Initial)  Dr. Michael L. Gerber  Mailing Address 41400 Dequipmed Rd 4	1400	Date of Receipt
Mailing Address 41400 Dequindre Rd. #	<del></del>	10 29 2014
City	State Zip Code	Transaction ID : A10C3F2A5B4594B37ADB
Sterling Heights	MI 48314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. Philip Wayne Holloway		Date of Receipt
Mailing Address 727 E. Court St.		M M / D D / Y Y Y Y Y
City	State Zip Code	10 29 2014 Transaction ID : A7E27F6658E434F78A32
Paris	IL 61944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Self Employed	Podiatric Physician	_
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address Gaston Foot & Ankle A 251 Wilmot Dr.		10 29 2014
City Gastonia	State Zip Code NC 28054	Transaction ID : AEBAAA4F329DB493DA Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	1
Gaston Foot & Ankle Associates	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (ontion	onal)	200.00
	<u>-</u>	
TOTAL This Period (last page this line no	umber only)	

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Sanford Mason Date of Receipt Mailing Address 140 Deere Park Ct. 2014 10 City State Zip Code Transaction ID: AC441D6C2B5D5455D96A Highland Park IL 60035 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jason W. Rockwood Date of Receipt Mailing Address Foot & Ankle Associates, Inc. 2019 Galisteo St. #K 10 29 2014 City State Zip Code Transaction ID: AEA60C3412ED540C095B NM Santa Fe 87505 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Glacier Foot & Ankle Associates Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Holly A. Spohn-Gross Date of Receipt Mailing Address 6425 Lynch Canyon Dr. 10 29 2014 City State Zip Code Transaction ID: A99E802E2E0184E19A67 CA Lake Isabella 93240 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Podiatric Physician Rural Health Clinic/Kern Valley Hosp. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 5100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Michael B. Thompson Date of Receipt Mailing Address 201 68th Pl. 2014 10 City Zip Code State Transaction ID: A1468E72B3693492E8A3 WI Kenosha 53143 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Benjamin W. Weaver Date of Receipt Mailing Address Central KS Podiatry Associates 2081 N. Webb Rd. 10 29 2014 City State Zip Code Transaction ID: A7506592E6E53436D871 KS Wichita 67206 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Central KS Podiatry Associates Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. David M. Kaufmann Date of Receipt Mailing Address Dartmouth Hitchcock Clinic 10 31 2014 2300 Southwood Dr. City Zip Code State Transaction ID: A039B4F4C2E6D4D49915 NH Nashua 03630 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Darthmouth Hitchcock Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Podiatric Medical As	sociation Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Dr. John W. Wright  Mailing Address 151 N. Jefferson St.		Date of Receipt
		10 31 2014
City	State Zip Code	Transaction ID : ABDF707D13050428DAD2
Milledgeville	GA 31061-3415	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Dr. Daniel F. Byrd		Date of Receipt
Mailing Address Blue Mountain Foot Speciali	sts	M = M / D = D / Y = Y = Y
714 S.W. Dorion Ave.	Stato Zin Codo	11 05 2014
City Pendleton	State Zip Code OR 97801	Transaction ID : A43C2AE308EFA4350BF8
FEC ID number of contributing	0.000	Amount of Each Receipt this Period
federal political committee.	C	150.00
Name of Employer	Occupation	
Blue Mountain Foot Specialists	Podiatric Physician	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	450.00	
Full Name (Last, First, Middle Initial)  Dr. Christopher James Green	•	Date of Receipt
Mailing Address 6100 Acorn Dr.		11 05 2014
City	State Zip Code	Transaction ID : A4A2B1C4EEEF74CAE8D
Oklahoma City	OK 73151-9506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	<u>·</u> _	

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	he name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Podiatric Medical As	ssociation Political Action Committee	<del>2</del> e
Full Name (Last, First, Middle Initial)  Dr. Lyndon G. Johansen		Date of Receipt
Mailing Address 12658 S.E. Stark St.		1.1 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : A6830E4BE4C19484997C
Portland	OR 97233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  3. Dr. Kessa Mauras		Date of Receipt
Mailing Address Mt. Hood Podiatry		M = M / D = D / Y = Y = Y
1700 12th St. #B		11 05 2014
City	State Zip Code	Transaction ID : A7D831D91FFEA4CC4965
Hood River	OR 97031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Dr. Robert Tyson Scott		Date of Receipt
Mailing Address Salem Foot & Ankle Clinic 350 Miller St. S.E.		11 05 2014
City	State Zip Code	Transaction ID : AF01272BF4E5D4A7F91A
Salem	OR 97302-4272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	-
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	er only)	

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Use separate schedule(s) for each category of the	(check only one)	_		
Detailed Summary Page	X 11a 11b	11c	12	
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or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Ass	sociation Political Action Committe	e
۹.	Full Name (Last, First, Middle Initial) Dr. Malcolm Derek Smith  Mailing Address 1700 N. 5th St.		Date of Receipt
	City Ponca City  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code OK 74601  C Occupation	11 05 2014  Transaction ID : A2CE1257ED2C8447CA4E  Amount of Each Receipt this Period  500.00
	Self-Employed Receipt For: Primary General Other (specify)	Podiatric Physician  Aggregate Year-to-Date ▼  500.00	
В.	Full Name (Last, First, Middle Initial) Dr. William H. Dabdoub Mailing Address 108A Smart Pl.  City	State Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Slidell FEC ID number of contributing federal political committee.	LA 70458-2040	Transaction ID: AEE2DE92DC295457296F Amount of Each Receipt this Period  150.00
	Name of Employer Self-Employed  Receipt For:  Primary  Other (specify)   Other	Occupation Podiatric Physician Aggregate Year-to-Date ▼  2200.00	
<b>-</b> C.	Full Name (Last, First, Middle Initial) Dr. William N. McCann  Mailing Address Pillsbury Medical Bldg. 248 Pleasant St. #203  City Concord	State Zip Code NH 03301-2588	Date of Receipt  11 06 2014  Transaction ID: A731D49DAFCC74E57B18  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer  Pillsbury Medical Bldg.  Receipt For:  Primary General  Other (specify)	C Occupation Podiatric Physician Aggregate Year-to-Date ▼	1.00
	SUBTOTAL of Receipts This Page (optional)	<b>•</b>	651.00
T	<b>TOTAL</b> This Period (last page this line number of	only)	

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Christopher A. Seda Date of Receipt Mailing Address 840 Helen Dr. #1 06 2014 11 City Zip Code State Transaction ID: A85A8CDC8DCD94306836 PΑ Lebanon 17042 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Davey Suh Date of Receipt Mailing Address DFW Foot & Ankle, P.A. 2281 Olympia Dr. #200 11 06 2014 City State Zip Code Transaction ID: A2952D29DF0C34D4DB38 TX Flower Mound 75028 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation DFW Foot & Ankle, P.A. Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. John W. Wright Date of Receipt Mailing Address 151 N. Jefferson St. 11 06 2014 City State Zip Code Transaction ID: AAEBC2650846D41618D9 GA Milledgeville 31061-3415 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 20 OF 63 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Scott A. Amoss Date of Receipt Mailing Address 2022 Foxfield Cir. 07 2014 City Zip Code State Transaction ID: AE4AED8AD402E4525937 Wall Township NJ 07719 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. D. Charles Greiner Date of Receipt Mailing Address 802 Washington St. 11 07 2014 City State Zip Code Transaction ID: A97E19AC7930E419B881 OH Portsmouth 45662 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Edward A. Schulz Date of Receipt Mailing Address Mundelein Foot & Ankle Center 80 550 N. Midlothian Rd. # 100 11 2014 City State Zip Code Transaction ID: A21009C9125FC4276903 IL Mundelein 60060 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Mundelein Foot & Ankle Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Angela Pinkston-Ayson Date of Receipt Mailing Address 11 Halsted Cir. #E 2014 11 City Zip Code State Transaction ID: A93376B6C08224545BC9 AR Rogers 72756-3145 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark S. Isenberg Date of Receipt Mailing Address 450 Hickorynut Ave. 14 11 2014 City State Zip Code Transaction ID: A796F4E59D9514BA38FA FL Oldsmar 34677 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Steve R. Feller Date of Receipt Mailing Address 7507 Custer Rd. W. 17 2014 City Zip Code State Transaction ID: A019AADB29B33445896E WA Tacoma 98499 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Robert Frimmel Date of Receipt Mailing Address Sarasota Footcare Center 1921 Waldemere St. #106 2014 City Zip Code State Transaction ID: AC71E42926F5D4653831 FL Sarasota 34239 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Sarasota Footcare Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Mark Andrew Lambert Date of Receipt Mailing Address Pensacola Foot & Ankle Center 4850 N. 9th Ave. 17 11 2014 City State Zip Code Transaction ID: A03A1316F2E3A4AFC80C FL Pensacola 32503-2407 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Pensacola Foot & Ankle Center Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1100.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Kirk Eliel Woelffer Date of Receipt Mailing Address Raleigh Foot Center P.O. Box 98209 17 2014 State City Zip Code Transaction ID: A6CDC0F5E3B2F4E3C9A7 NC Raleigh 27624 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Podiatric Physician Raleigh Foot Center Receipt For: Aggregate Year-to-Date ▼ Primary General 450.00 Other (specify) 175.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

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	Statements may not be sold or used by any personal name and address of any political committee to	
NAME OF COMMITTEE (In Full)	, , ,	
	sociation Political Action Committe	ee
Full Name (Last, First, Middle Initial)  A. Dr. Neil R. Kelley		Date of Receipt
Mailing Address Family Foot Care 1730 Main St.		11 18 2014
City	State Zip Code	Transaction ID : A07CA731A718D44018DC
Fortuna	CA 95540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	. יששיים ויטמו וט ביונו ע	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. H. F. Brown III		Date of Receipt
Mailing Address 2001 Georgia Ave.		11 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : A5E65058E7388418B9A1
Little Rock	AR 72207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate real-to-bate •	
Full Name (Last, First, Middle Initial)  C. Dr. Renee L. Mackey		Date of Receipt
Mailing Address Northeast Ohio Medical Asso 2640 W. Market St. #301	ociates	11 19 _ 2014 _
City	State Zip Code	Transaction ID : A5BFB4ADB216E433D939
Fairlawn	OH 44333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
SUBTOTAL of Receipts This Page (optional)		575.00
TOTAL This Period (last page this line number	only)	

### SCHEDULE A (FEC Form 3X) IT

CHEDOLL A (I LC I OHII 3A)		FOR LINE NUMBER:	PAGE	24 C	יר ט	)				
TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)  X 11a 11b 14	11c	12 16	□ <sub>1</sub>	7				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)										

America	n Podiatric Medical As	ssociation Political Action Committee	96
	ast, First, Middle Initial) nan P. Pattavina		Date of Receipt
Mailing Addre	ess 61 Summer St.		11 19 2014
City Keene		State Zip Code NH 03431	Transaction ID: AA395B3164A05420DAD1 Amount of Each Receipt this Period
	ber of contributing cal committee.	С	300.00
Name of Em Self-Employe Receipt For: Primary Other	ed	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  300.00	
B. Dr. John	Last, First, Middle Initial) Michael Barnes  ess The Portland Clinic 800 S.W. 13th Ave.	State Zip Code OR 97205	Date of Receipt  11 20 2014  Transaction ID: A03678661BB6A48D58A3  Amount of Each Receipt this Period
FEC ID num		Occupation Podiatric Physician	300.00
Receipt For: Primary Other		Aggregate Year-to-Date ▼  300.00	
<b>c.</b> Dr. Tyso	Last, First, Middle Initial)  n E. Green  ess 1747 Imperial Blvd.		Date of Receipt
City Lake Charle		State Zip Code LA 70605	Transaction ID : A446461921B614D16BE7  Amount of Each Receipt this Period
	ber of contributing cal committee.	C	100.00
Self-Employe Receipt For: Primary Other	ed	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  1500.00	
SUBTOTAL of	Receipts This Page (optional)	er only)	700.00

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,,	13	3	14		15		16	$\square_1$	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)	y p seriminos te	22.2 22
	sociation Political Action Committe	e
Full Name (Last, First, Middle Initial)  A. Dr. Fred Marino		Date of Receipt
Mailing Address 1034 N. Highland Ave. #B		11 20 2014
City Murfreesboro	State Zip Code TN 37130	Transaction ID : A181816C4D9DE47BBBF2  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Gary S. Saphire  Mailing Address 248 Avenue P.		Date of Receipt
Mailing Address 248 Avenue P  City  Brooklyn  FEC ID number of contributing federal political committee.	State Zip Code NY 11204-4934	11 20 2014  Transaction ID : AC061CD432D764395B83  Amount of Each Receipt this Period  85.00
Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  850.00	
Full Name (Last, First, Middle Initial) Dr. Ingrid M. Stines  Mailing Address 3955 Patient Care Way  City Lansing	State Zip Code MI 48911-4299	Date of Receipt  11 20 2014  Transaction ID: A394FB6C6ADE1401D8B6
FEC ID number of contributing federal political committee.	C 46911-4299	Amount of Each Receipt this Period 46.00
Name of Employer  Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Podiatric Physician  Aggregate Year-to-Date ▼  414.00	
SUBTOTAL of Receipts This Page (optional)		381.00
TOTAL This Period (last page this line number		

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Michael L. Gerber Date of Receipt Mailing Address 41400 Dequindre Rd. #100 2014 11 City Zip Code State Transaction ID: A0553CA8F68744BEFA8F Sterling Heights MI 48314 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Self-Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 275.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Robert J. Lenfestey Sr. Date of Receipt Mailing Address Piedmont Foot & Ankle Clinic 103 Parkway Office Ct. #100 11 23 2014 City Zip Code State Transaction ID: A0AB59A37898741159BA NC Cary 27518 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Piedmont Foot & Ankle Clinic Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Holly A. Spohn-Gross Date of Receipt Mailing Address 6425 Lynch Canyon Dr. 11 23 2014 City State Zip Code Transaction ID: A86A17B4BA4F2406CB48 CA Lake Isabella 93240 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Podiatric Physician Rural Health Clinic/Kern Valley Hosp. Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 325.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
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Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any pers the name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	,,	
	Association Political Action Committe	эе П
Full Name (Last, First, Middle Initial)		
Dr. John P. Beaupied		Date of Receipt
Mailing Address The Palos Podiatry Group 6420 W. 127th St. #105		11 24 2014
City	State Zip Code	Transaction ID : AE91363E321C54CAAB78
Palos Heights	IL 60463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	-
The Palos Podiatry Group	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General	00 0	
Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial)  Dr. Deborah Behre		Date of Receipt
Mailing Address P.O. Box 14653		11 24 2014
City	State Zip Code	11 24 2014 Transaction ID : A107C1D22D57441739E5
Tumwater	WA 98511	Transaction ID: A107C1D22D57441739F5  Amount of Each Receipt this Period
		, can receipt this Fellou
FEC ID number of contributing federal political committee.		25.00
Name of Employer	Occupation	1
Self Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial)  Dr. Gregory W. Bryan	-	Date of Receipt
Mailing Address Ark LA Tex Foot Specialis	ts, LLC	M = M / D = D / Y = Y = Y
385 Bert Kouns #200		11 24 2014
City	State Zip Code	Transaction ID : ADF20C59996BC4291819
Shreveport	LA 71106	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Ark LA TexFoot Specialists, LLC	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1100.00	
SUBTOTAL of Receipts This Page (optional)	)	150.00
TOTAL This Period (last nose this line world	per only)	
TOTAL THIS FERIOU (last page this line numb	Jei Oilly)	

Self-Employed Receipt For:

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR	LINE	NU	MBER	:	PAGE	2	28 OF	=	63
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ common common, conge		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Charles P. Chapel Date of Receipt Mailing Address 12084 Cortez Blvd. 2014 24 City State Zip Code Transaction ID: AA725DD041E5D443086A FL Brooksville 34613 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Name of Employer Occupation

Podiatric Physician

Aggregate Year-to-Date ▼

Full Name (Last, First, Middle Initial) B. Dr. Philip Wayne Holloway Date of Receipt Mailing Address 727 E. Court St. 11 24 2014 City State Zip Code Transaction ID: AA65A5200D5394FCEA3B IL **Paris** 61944 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Self Employed Podiatric Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

600.00

Full Name (Last, First, Middle Initial) c. Dr. David M. Moinester Date of Receipt Mailing Address 6575 Stage Rd. 11 24 2014 City Zip Code State Transaction ID: A0121344570064EB2952 TN **Bartlett** 38134 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Podiatric Physician Self-Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

9

700.00

	FO	R LINE	NU	IMBER	:	PAGE	2	29 OF	=	6
Use separate schedule(s)	(che	eck only	or or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		1

	the name and address of any political committee	
NAME OF COMMITTEE (In Full)		
American Podiatric Medical A	Association Political Action Committ	tee 
Full Name (Last, First, Middle Initial)  A. Dr. Jason W. Rockwood		Date of Receipt
Mailing Address Foot & Ankle Associates,	Inc.	M = M / D = D / Y = Y = Y
2019 Galisteo St. #K		11 24 2014
City Santa Fe	State Zip Code NM 87505	Transaction ID : ADF811D4B54CD444EB87
	07303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	†
Glacier Foot & Ankle Associates	Podiatric Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial)  3. Dr. Paul S. Schwartz		Date of Receipt
Mailing Address 1479 Ygnacio Valley Rd. #	#102 	11 24 2014
City	State Zip Code	Transaction ID : AE1EEE0258B6242D9B41
Walnut Creek	CA 94598	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	1
Self-Employed	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  Dr. Julie Cathleen Webster	·	Date of Receipt
Mailing Address Mid-South Foot & Ankle S 8055 Club Pkwy.	pecialists	11 24 2014
City	State Zip Code	Transaction ID : AF1B0A909989642E99AD
Cordova	TN 38016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Mid-South Foot & Ankle Specialists	Podiatric Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	)	600.00
		17588.00
TOTAL This Period (last page this line number	ber only)	1/588.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 30 OF 63				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b	22 🗙 23	24 25 26				
		27	28a 28b	28c 29 30b				
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
\	e and address of any poillo	ai committee to	SOUCH CONTINUUTORS I	TOTAL SUCTE CONTINUED.				
NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	ation Political Action	Committe	^					
/ American Podiatric Medical Associa	ation Political Action	i Committe	е					
Full Name (Last, First, Middle Initial)								
A. Adrian Smith For Congress	drian Smith For Congress							
Mailian Address 2004 A			M M / D D					
Mailing Address 3321 Avenue I Suite 6			10 17	2014				
	tate Zip Code							
	NE 69361		Transaction ID :	BD5C4B5592237406C947				
Purpose of Disbursement								
		1 []	Amount of Each D	isbursement this Period				
Candidate Name		Category/		1000.00				
Rep. Adrian M. Smith		Type		1000.00				
	nent For: 2014							
	Primary General							
State: NE District: 03	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. ALAN LOWENTHAL FOR CONGR	ESS		Date of Disbursem	ent				
- ALAN LOWENTIAL FOR CONGR	ALAN LOWENTIME FOR CONCINEDO							
Mailing Address 6380 WILSHIRE BLVD., #1612			10 17	2014				
,	tate Zip Code		Transaction ID :	B07FEA4C15123433B9D0				
	CA 90048							
Purpose of Disbursement			Amount of Each D	isbursement this Period				
Candidate Name			Amount of Each D	isbursement this Penou				
Rep. Alan S. Lowenthal		Category/ Type	1	1500.00				
•	ent For: 2014	Турс	,					
	Primary Seneral							
President	Other (specify)							
State: CA District: 47								
Full Name (Last, First, Middle Initial)								
C. Anna Eshoo For Congress			Date of Disbursem	ent				
			M M / D D					
Mailing Address 555 Capitol Mall, Suite 1425			10 17	2014				
City	tate Zip Code							
	CA 95814		Transaction ID:	BA7E9042D36544C9AA01				
Purpose of Disbursement								
		1 []	Amount of Each D	isbursement this Period				
Candidate Name		Category/		2500.00				
Rep. Anna G. Eshoo		Type		2500.00				
	nent For: 2014							
	Primary General							
	Other (specify) ▼							
State: CA District: 18								
SURTOTAL of Dishursoments This Dags (antional)				5000.00				
SUBTOTAL of Disbursements This Page (optional)		<u> </u>						
TOTAL This Period (last page this line number only).								

SCHEDULE B (FEC Form 3X)			1
SCHLDULE D (FEC FUIII 3X)	Lies concrete ashadula/s\	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗶 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Stater	nents may not be sold or used	d by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nan	ne and address of any political	I committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Podiatric Medical Associ	ation Political Action	Committe	e e
American i odiamic Medical Associ	ation i offical Action	Committee	
Full Name (Last, First, Middle Initial)			
BEATTY FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 172			10 17 2014
-			
City	State Zip Code		Transaction ID - DD00000040440400000
COLUMBUS	OH 43216		Transaction ID : BBCC8969A81A2436D855
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name	-	Category/	
Rep. Joyce B. Beatty		Type	1500.00
. ,	nent For: 2014		
Senate	Primary Seneral		
President	Other (specify) ▼		
State: OH District: 03	\ 1 - J/ ▼		
Full Name (Last, First, Middle Initial)			
_			Date of Disbursement
Benishek For Congress, Inc.			
Mailing Address PO Box 2012			10 17 2014
Mailing Address PO BOX 2012			10 17 2014
City	State Zip Code		
Kingsford	MI 49802		Transaction ID : BA1B37A94AEAC4C9A98
Purpose of Disbursement	70002		
			Amount of Each Disbursement this Period
Candidate Name		0.11	
Rep. Dan J. Benishek		Category/ Type	3500.00
•	nent For: 2014	1,460	
Senate Sought.	Primary Seneral		
President	Other (specify)		
State: MI District: 01	outer (opeony) ▼		
· ·			
Full Name (Last, First, Middle Initial)			Data of Dishurasment
Bob Casey For Senate Inc			Date of Disbursement
Matthew Address are as a first			M M / D D / Y Y Y Y Y
Mailing Address 700 13th Street Nw			10 17 2014
Suite 600	State 75 Oct		
	State Zip Code DC 20005		Transaction ID: B9417DE8AB14C4B12AC8
Washington Purpose of Disbursement	DC 20005		
r arpose or bisbursement			
Candidate Name			Amount of Each Disbursement this Period
		Category/	1000.00
Sen. Robert P. Casey Jr.		Туре	
	nent For: 2018		
Senate X	Primary General		
President	Other (specify) ▼		
State: PA District:			
			2007
$\textbf{SUBTOTAL} \ \ \text{of Disbursements This Page (optional)}$			6000.00
TOTAL This Period (last page this line number only)			

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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 OF 63						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		ck only	one)				
			Summary Page		21b	22	<b>X</b> 23	24	25	26
					27	28a	28b	28c	29	30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam									
	NAME OF COMMITTEE (In Full)		2 1							
$ \rangle$	American Podiatric Medical Associ	ation Po	olitical Action	n Com	mitte	е				
_	Full Name (Last, First, Middle Initial)									
Α.	Brady For Congress					Date of	f Disburse			
	Mailing Address P.O. Box 8277	10	/ D	7 Y	2014	Y				
	City	State	Zip Code			Tuene	aatian ID	- D000004	24 D 2 D 5	40000D0
	The Woodlands	TX	77387			irans	action ID	: B000C04	31B3BF	42889D2
	Purpose of Disbursement				_					
	Oan Palata Nama					Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name Rep. Kevin P. Brady			Categ					5000	0.00
		nent For:	2014	Тур	<del>U</del>		7	7		
	Senate President	Primary Other (spe	X General							
	State: TX District: 08									
_	Full Name (Last, First, Middle Initial)									
В.	BYRNE FOR CONGRESS INC			Date of	f Disburse	ement				
	Mailing Address PO BOX 2743					10 17 2014				
	MOBILE	State AL	Zip Code 36652-2743			Trans	saction ID	: B257A90	A02EA	E4433A2E
	Purpose of Disbursement					Amoun	t of Each	Disbursem	ent this	Period
	Candidate Name			Categ	on/	-				
	Rep. Bradley R. Byrne			Typ			-	7	500	0.00
	Office Sought: House Disbursen	nent For:								
		Primary	General							
		Other (spe	city) 🔻							
_	State: AL District: 01  Full Name (Last, First, Middle Initial)									
C.	Candice Miller For Congress					Date of	f Disburse	ement		
						M M	/ D	D / Y	ΥΥΥ	Υ
	Mailing Address P.O. Box 182152			•		10		7	2014	
	City	State	Zip Code			<b>-</b>		- DCC====		4500000
	Shelby Township	MI	48318			ırans	saction ID	: B63FFB8	0092F4	4F928CC
	Purpose of Disbursement									
	Candidate Name					Amoun	t of Each	Disbursem	ent this	Period
	Rep. Candice S. Miller			Categ					1500	0.00
		nent For:	2014	Тур	6		7	7		
	Senate President	Primary Other (spe	X General							
_	State: MI District: 10									
s	SUBTOTAL of Disbursements This Page (optional)				··· <b>&gt;</b>		-,	7	11500	0.00
1	TOTAL This Period (last page this line number only)				▶		,			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 33 OF 63
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may not be sold or u	ised by any perso	on for the purpose of soliciting contributions
\	ne and address of any poin	ilical committee to	Solicit Contributions from Such Committee.
NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	iation Political Actic	n Committo	0
American Podiatric Medical Assoc	ialion Political Actic	on Committe	e
Full Name (Last, First, Middle Initial)			
A. Capito For West Virginia			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 11519			10 17 2014
City	State Zip Code		
Charleston	WV 25339		Transaction ID : B6F534F2FB5394897807
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Shelley Moore Capito		Type	1300.00
	ment For: 2014		
Senate	Primary General		
State: WV District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Carol Shea-Porter For Congress			Date of Disbursement
- Carol Griea-i Orter i Or Congress			M M / D D / Y Y Y Y
Mailing Address PO Box 453			10 17 2014
•	State Zip Code		Transaction ID : BE3438429AB0841E284
Rochester Purpose of Disbursement	NH 03866		
Fulpose of Disbulsement			Amount of Each Disbursement this Period
Candidate Name		0.11	
Rep. Carol Shea-Porter		Category/ Type	1500.00
•	ment For: 2014		
Senate	Primary General		
President	Other (specify) ▼		
State: NH District: 01			
Full Name (Last, First, Middle Initial)			
<sup>C.</sup> Carper For Senate			Date of Disbursement
Mailing Address 40 Fact Common Phyl Common Fi			10 17 2014
Mailing Address 19 East Commons Blvd Second Fl	OOT		10 17 2014
City	State Zip Code		T
New Castle	DE 19720		Transaction ID : B7E793CD3709641FE82
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Sen. Tom R. Carper  Office Sought: House Disburse	ment For: 2018	Туре	
Senate Dispurse	Primary General		
President	Other (specify)		
State: DE District:	- (-i)/ <b>\</b>		
SUBTOTAL of Disbursements This Page (optional)			4500.00
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TOTAL This Period (last page this line number only	)		

SCHEDULE B (FEC Form 3X)	11			NUMBER:		PAGE	34 O	F 63
ITEMIZED DISBURSEMENTS	Use separate sched for each category o		(check only one)					
	Detailed Summary I		21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any information copied from such Reports and State	ments may not be sold	d or used by						
or for commercial purposes, other than using the nar	ne and address of any	political com	nmittee to	solicit con	tributions f	rom such	committe	ee
NAME OF COMMITTEE (In Full)								
American Podiatric Medical Associ	iation Political A	ction Co	mmitte	е				
Full Name (Loot First Middle Initial)			-					
Full Name (Last, First, Middle Initial)  A. Charles Boustony Jr. Md For Cond	roce Inc			Date of	Disbursem	ent		
A. Charles Boustany Jr. Md For Cong	ji ess, iiic.			M M	/ D D		Y	Y
Mailing Address PO Box 80126				10	17		2014	`
	State Zip Code LA 70598	9		Transa	action ID :	B81931C3	51FDC4	31F9AE
Lafayette Purpose of Disbursement	LA /U098							
				Amount	of Each D	isburseme	nt this P	eriod
Candidate Name		Cate	egory/				F000	00
Rep. Charles W. Boustany Jr.			/pe				5000.	UU
	ment For: 2014							
Senate President	Primary Gen	neral						
State: LA District: 07	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
B. Charlie Dent For Congress				Date of	Disbursem	ent		
				M = M	/ D D	/ Y	Y	Υ
Mailing Address PO Box 442				10	17	با ل	2014	
City	State Zip Code	<del></del>		Trans	action ID :	BACDEOS	50 A 76F	4E0400
Allentown	PA 18105			mans	action ID :	DACDE09	JOA / 0E	+LJAYU
Purpose of Disbursement				Amount	of Each D	iehureomo	nt thic D	ariod
Candidate Name				AIIIOUIII	OI LACII D	ispui seillei	u 115 P	GIIOU
Rep. Charlie W. Dent			egory/ /pe				3000.	.00
•	ment For: 2014							
Senate	Primary	neral						
President	Other (specify) ▼							
State: PA District: 15								
Full Name (Last, First, Middle Initial)	3			Date of	Disbursem	ent		
C. CHRIS GIBSON FOR CONGRESS	5						Y Y	V
Mailing Address PO BOX 255				10	17		2014	Y
	State Zip Code	9		Transa	action ID :	B483B91E	5C8FC4	0E6A90
KINDERHOOK Purpose of Disbursement	NY 12106							
				Amount	of Each D	ishurseme	nt thic P	eriod
Candidate Name		Cate	egory/	, anount	5. Luon D	.55415611161		
Rep. Chris P. Gibson			уре				5000.	00
	ment For: 2014							
Senate	Primary Gen	neral						
State: NY District: 19	Other (specify) ▼							
Sides. 141 District. 13								
SUBTOTAL of Disbursements This Page (optional)			▶				13000.0	00
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TOTAL This Period (last page this line number only)	)							_, 1

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 35 OF 63
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	(orlook orli)		
	Detailed Summary Pag			24 25 26 28c 29 30b
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Any information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)	, , ,			
American Podiatric Medical Asso	ciation Political Acti	ion Committe	ee.	
<u>/</u>				
Full Name (Last, First, Middle Initial)			5	
A. Citizens For Waters			Date of Disbursement	
Mailing Address 555 So.Flower St.,Suite 4210			10 17	2014
Maining Address 333 So.1 lower St., Suite 4210			10 17	2014
City	State Zip Code		Transaction ID : BEA	C88B32D93D4990932
Los Angeles	CA 90071		Transaction ID: BOP	(C00D32D93D4990932
Purpose of Disbursement			Amount of Fools Biologic	
Candidate Name			Amount of Each Disbu	irsement this Period
Rep. Maxine Waters		Category/ Type		2500.00
	ement For: 2014	Турс		
Senate	Primary X Genera	ıl		
President	Other (specify) ▼			
State: CA District: 43				
Full Name (Last, First, Middle Initial)		_		
B. COMMITTEE TO ELECT MICHE	LLE LUJAN GRISH	HAM, INC.	Date of Disbursement	
Mailing Address 500 MARQUETTE NW			10 17	2014
SUITE 800			10 17	2014
City	State Zip Code		Transaction ID : BCs	BB3D17C3AB14C1E93
ALBUQUERQUE	NM 87102		Transaction iD . BC	DD3D17C3AD14C1E93
Purpose of Disbursement			Amazont of Fools Disku	
Candidate Name			Amount of Each Disbu	irsement this Period
Rep. Michelle Lujan Grisham		Category/ Type		1500.00
	ement For: 2014	Турс		
Senate	Primary Senera	ıl		
President	Other (specify)			
State: NM District: 01				
Full Name (Last, First, Middle Initial)				
C. Committee To Re-Elect Congress	sman Dana Rohrab	acher	Date of Disbursement	
Mailing Address PO Box 823			10 17	2014
Maining Address 1 O Box 625				2011
City	State Zip Code		Transaction ID : B66	37C934C7E3949ADBC
Huntington Beach	CA 92648	_	Transaction ib . Bot	77 C334C7 E3343ADBC
Purpose of Disbursement				
Candidate Name		ابسبا	Amount of Each Disbu	rsement this Period
Rep. Dana Rohrabacher		Category/ Type		5000.00
	ement For: 2014	.,,,,,		
Senate	Primary Senera	ıl		
President	Other (specify) ▼			
State: CA District: 48				
				0000 00
SUBTOTAL of Disbursements This Page (optional)	)	······································		9000.00
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TOTAL This Period (last page this line number on	ıy <i>)</i>			

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAC	GE 36 OF 63	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	21b	22 X 23 24 28a 28b 28c	25 26 29 30b	
[	<u> </u>				
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
American Podiatric Medical Assoc	iation Political Actio	n Committe	е		
Full Name (Last, First, Middle Initial)					
A. Committee To Re-Elect Trent Franks To Congress		Date of Disbursement			
Mailing Address PO Box 8105			10 17	2014	
City	State Zip Code AZ 85312		Transaction ID : B84BD5	C93F645436B847	
Glendale Purpose of Disbursement	AZ 85312				
·			Amount of Each Disbursen	nent this Period	
Candidate Name		Category/		1000.00	
Rep. Trent Franks		Туре		.555.55	
Office Sought: House Disburse Senate President	ment For: 2014  Primary				
State: AZ District: 08					
Full Name (Last, First, Middle Initial)					
B. CONNOLLY FOR CONGRESS			Date of Disbursement	YYY	
Mailing Address 3706 PRADO PLACE			10 17	2014	
City FAIRFAX	State Zip Code VA 22031		Transaction ID: B16163	E85240A423F93E	
Purpose of Disbursement			Amount of Each Disbursen	nent this Period	
Candidate Name		Category/		1500.00	
Rep. Gerry Connolly		Type		1500.00	
Office Sought:    House   Disburse	ment For: 2014 Primary				
Full Name (Last, First, Middle Initial)  C. CRAWFORD FOR CONGRESS			Date of Disbursement		
Mailing Address PO BOX 16956			10 17 Y	2014	
City	State Zip Code		Transaction ID : BBE176	9CD6B13446DB16	
JONESBORO	AR 72403		Transaction ib . BBE 170	13440DB 13	
Purpose of Disbursement					
			Amount of Each Disbursen	nent this Period	
Candidate Name		Category/		1500.00	
Rep. Rick Crawford		Туре			
Senate President	ment For: 2014 Primary ☐ General Other (specify) ▼				
State: AR District: 01					
SUBTOTAL of Disbursements This Page (optional).		······•		4000.00	
TOTAL This Period (last page this line number only	·)	·····			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	nents may not be sold or use ne and address of any politic.	ed by any persoal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associ			
Full Name (Last, First, Middle Initial)			
A. Crowley For Congress			Date of Disbursement
Mailing Address 84-56 Grand Avenue			10 17 2014
,	State Zip Code		Transaction ID : B9C3580F5DEF14A4BA71
Elmhurst Purpose of Disbursement	NY 11373		
·			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Joseph Crowley  Office Sought:	nent For: 2014	Туре	7
Senate President	Primary		
State: NY District: 14			
Full Name (Last, First, Middle Initial)  B. Dina Titus For Congress			Date of Disbursement
Mailing Address PO Box 50614			10 17 2014
City S Henderson	State Zip Code NV 89016		Transaction ID : BB81FD889DBB747A0AC
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	4500.00
Rep. Dina C. Titus		Type	1500.00
Senate	nent For: 2014  Primary General  Other (specify)		
Full Name (Last, First, Middle Initial)  C. Doggett For Us Congress			Date of Disbursement
Mailing Address PO Box 5843			10 17 2014
,	State Zip Code		Transaction ID: B5084ECB4477B45BFB67
Austin Purpose of Disbursement	TX 78763		
raipose of Bisbarcement			Amount of Each Disbursement this Period
Candidate Name Rep. Lloyd A. Doggett II		Category/	2500.00
Office Sought: House Disburser Senate	nent For: 2014  Primary General  Other (specify)	Туре	
SUBTOTAL of Disbursements This Page (optional)			5500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 38	OF 63
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23 24 25	26
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NAME OF COMMITTEE (In Full)	no and address of any point	ioar committee to	Condit Continuations from Such Continu	11100.
American Podiatric Medical Associ	ation Political Actio	n Committe	۵	
American i odiatne Medicai Associ	ation i offical Actio	iii Committe	C	
Full Name (Last, First, Middle Initial)				
A. Engel For Congress			Date of Disbursement	
Mailing Address 462 California Bood			M M / D D / Y Y Y Y	Y
Mailing Address 462 California Road			10 17 2014	
City	State Zip Code		T	204754056
Bronxville	NY 10708		Transaction ID : BA94A22BA2F6	C47F485C
Purpose of Disbursement				<b>.</b>
Candidate Name			Amount of Each Disbursement this	Period
Rep. Eliot L. Engel		Category/ Type	250	00.00
	ment For: 2014	Туре		
Senate	Primary Seneral			
President	Other (specify)			
State: NY District: 16				
Full Name (Last, First, Middle Initial)				
B. ENYART FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 308			10 17 2014	Y
Mailing Address PO BOX 308			10 17 2014	
City	State Zip Code		Transaction ID : BB642C9504C1	A 4630 A 77
BELLEVILLE	IL 62222		Transaction ID . BB042C9304C1	A4030A11
Purpose of Disbursement			Amount of Each Disbursement this	Pariod
Candidate Name		البسبا	Amount of Each Dispulsement this	renou
Rep. Bill L. Enyart Jr.		Category/ Type	150	00.00
	ment For: 2014	1,750	, , , , , , , , , , , , , , , , , , , ,	
Senate	Primary General			
President	Other (specify) ▼			
State: IL District: 12				
Full Name (Last, First, Middle Initial)			Data of Dishumanant	
C. Friends of Bill Posey			Date of Disbursement	
Mailing Address 2525 Aurora Rd. Suite 102			10 17 2014	" Y
	State Zip Code		Transaction ID : BB9832EE834F	14808B5B
Melbourne Purpose of Disbursement	FL 32935			
r dipose of bisbursement			Amount of Each Disbursement this	Pariod
Candidate Name		Category/	Amount of Each Dispulsement this	renou
Rep. Bill Posey		Type	250	00.00
Office Sought: House Disburser	ment For: 2014			
Senate	Primary General			
President	Other (specify) ▼			
State: FL District: 08				
SURTOTAL of Disburgaments This Base (entired)			650	00.00
SUBTOTAL of Disbursements This Page (optional)		<u> </u>		<del></del>
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SCHEDULE B (FEC Form 3X)	Llea constata sebadularia	FOR LINE		PAGE 39 OF 63
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orling		
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)	, , ,			
American Podiatric Medical Assoc	iation Political Actic	on Committe	e	
/				
Full Name (Last, First, Middle Initial)				
A. Friends Of Dave Joyce			Date of Disburseme	
Mailing Address 320 Kenarden Dr			10 17	2014
Mailing Address 320 Kenarden Di			10 17	2014
City	State Zip Code		Tuonaasti ID -	000000000000000000000000000000000000000
Highland Hts	OH 44143		i ransaction ID : E	385CF5F823E744CEDAB
Purpose of Disbursement			American of E. J. St.	alan managan and allele Book at
Candidate Name			Amount of Each Dis	sbursement this Period
Rep. Dave P. Joyce		Category/ Type		5000.00
	ment For: 2014	Туре		
Senate	Primary General			
President	Other (specify) ▼			
State: OH District: 14	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
B. Friends Of Farr			Date of Disburseme	ent
Martha Address			M M / D D	/
Mailing Address 555 Capitol Mall, Suite 1425			10 17	2014
City	State Zip Code			
Sacramento	CA 95814		Transaction ID : E	39D5A386BFDAF4AC8B8
Purpose of Disbursement				
		<u> </u>	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1500.00
Rep. Sam Farr  Office Sought:   House   Disburse	ment For: 2014	Type		,
Office Sought: House Disburse Senate	Primary General			
President	Other (specify)			
State: CA District: 20	, , , , , , , , , , , , , , , , , , ,			
Full Name (Last, First, Middle Initial)				
C. Friends Of Jim Bridenstine Inc			Date of Disburseme	ent
			M M / D D	/
Mailing Address Pmb 230			10 17	2014
8086 South Yale City	State Zip Code			
Tulsa	OK 74136		Transaction ID:	32981C30D72CE4896BAA
Purpose of Disbursement				
		][ []	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5000.00
Rep. Jim F. Bridenstine		Type	7	3000.00
	ment For: 2014			
Senate President	Primary			
State: OK District: 01	Califor (Specify)			
5.X 2.5550 01				
SUBTOTAL of Disbursements This Page (optional).				11500.00
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TOTAL This Period (last page this line number only	·)			

SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER:	PAGE 40 OF 63
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oneon only	•	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)				
$ \; angle$ American Podiatric Medical Associ	ation Political Action	on Committe	е	
Full Name (Last, First, Middle Initial)		1		
A. FRIENDS OF JOE HECK			Date of Disburseme	ent
			M M M / D D	/
Mailing Address PO BOX 750114			10 17	2014
City	State Zip Code			
LAS VEGAS	NV 89136		Transaction ID: E	39E277C464DA840C8B1A
Purpose of Disbursement				
			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5000.00
Rep. Joe J. Heck  Office Sought:  House Disburser	ment For: 2014	Туре	7	4
Senate Sought.	Primary Seneral			
President	Other (specify) ▼			
State: NV District: 03				
Full Name (Last, First, Middle Initial)			Date (Dir	1
B. FRIENDS OF JOHN DELANEY			Date of Disburseme	
Mailing Address PO BOX 70835			10 17	2014
g				
,	State Zip Code		Transaction ID : E	3A92BF31F8A4E48E2818
BETHESDA Purpose of Disbursement	MD 20813			
. alpose of biobulounions			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
Rep. John K. Delaney		Type		1500.00
	ment For: 2014			
Senate President	Primary			
State: MD District: 06	outer (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Friends Of Rosa Delauro			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address 12 Trumbull Street			10 17	2014
City	State Zip Code			
New Haven	CT 06511		Transaction ID : E	BACBE7B6192B44045BB
Purpose of Disbursement				
Candidate Name		السبا	Amount of Each Dis	sbursement this Period
Rep. Rosa L. DeLauro		Category/ Type		1500.00
•	ment For: 2014	. , , , ,		
Senate	Primary Seneral			
President	Other (specify) ▼			
State: CT District: 03				
SUPTOTAL of Disburgamenta This Dags (anti-craft)		_		8000.00
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER	:	PAGE	41 OF 63			
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		le(s) (check only one)						
			Summary Page	216		X 23 28b	24	25 29	26		
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$\setminus$	NAME OF COMMITTEE (In Full)										
	American Podiatric Medical Associa	ation P	olitical Actior	n Committ	ee						
_	Full Name (Last, First, Middle Initial)										
Α.	FRIENDS OF SCOTT DESJARLAI	S			Date of	of Disbursem	ent				
	Mailing Address PO. BOX 90133				10	17		014	Y		
	City	State	Zip Code		<b>T</b>		D0E40E000	E07E4	250405		
	NASHVILLE	TN	37209		Iran	saction ID : I	B3E12F399	E8/F4	952A2E		
	Purpose of Disbursement				Amour	nt of Each Di	iohuroomon	t thin D	oriod		
	Candidate Name				Amour	il di Eacii Di	Spursemen	t tills F	enou		
	Rep. Scott E. DesJarlais			Category/ Type				1500.	00		
		nent For:	2014	1,900	-	7	7				
	Senate	Primary	<b>General</b>								
		Other (spe	ecify) 🔻								
_	State: TN District: 04										
Б	Full Name (Last, First, Middle Initial)				D.L.	( D'alamana	1				
В.	Friends Of Sherrod Brown					of Disbursem					
	Mailing Address PO Box 76187				10	17		014	Y		
	Washington	State DC	Zip Code 20013		Tran	saction ID :	BB0CF736	959B64	67E851		
	Purpose of Disbursement				Amour	nt of Each Di	ishursemen	t this P	eriod		
	Candidate Name			Cotogogy	7						
	Sen. Sherrod C. Brown			Category/ Type			-	1500.	.00		
	Office Sought: House Disbursen	nent For:									
		Primary	General								
	President State: OH District:	Other (spe	ecify) 🔻								
_	Full Name (Last, First, Middle Initial)										
C.	FRIENDS OF SUSAN BROOKS				Date of	of Disbursem	ent				
	Mailing Address 9425 N MERIDIAN STREET				10	/ D D 17		014	Y		
	# 237				10			014			
	City	State	Zip Code		Tran	saction ID :	B20508D66	255014	01F826		
	INDIANAPOLIS	IN	46260-1308			Suction is .	D20000D0	300014	011 020		
	Purpose of Disbursement							5			
	Candidate Name				Amour	nt of Each Di	sbursemen	t this P	eriod		
	Rep. Susan W. Brooks			Category/ Type	11.			5000.	00		
		nent For:	2014	71		1	,				
	Senate	Primary	General								
		Other (spe	ecify) 🔻								
	State: IN District: 05										
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SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 42 OF 63		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	(check only one)		
	Detailed Summary Page	21b	22 🗙 23	24 25 26	
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Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may not be sold or u	sed by any perso	on for the purpose of solo	liciting contributions	
NAME OF COMMITTEE (In Full)	no and address of any point	ioai committee te	- Conort Contributions from	Todon committee.	
American Podiatric Medical Assoc	iation Political Δctio	n Committe	.Δ		
American i odiatric iviedicai Assoc	iation i olitical Actio	ii Committe	G		
Full Name (Last, First, Middle Initial)					
A. Garamendi For Congress			Date of Disbursement	t	
Mallian Address 0/0 0 Mg to D Mg			M M / D D	/	
Mailing Address C/O California Political Law, Inc. 3605 Long Beach Blvd., Ste. 426			10 17	2014	
City	State Zip Code				
Long Beach	CA 90807		Transaction ID : B0	1434DAC3883487DB50	
Purpose of Disbursement			i		
			Amount of Each Disb	ursement this Period	
Candidate Name		Category/		1500.00	
Rep. John R. Garamendi		Туре		1000.00	
Office Sought: House Disburse Senate	ment For: 2014  Primary Seneral		i		
President	Other (specify)		1		
State: CA District: 03	Cirici (opcony)		i		
Full Name (Last, First, Middle Initial)					
B. Gene Green Congressional Camp	aign		Date of Disbursement	t	
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Mailing Address PO Box 16128			10 17	2014	
City	State Zip Code TX 77222		Transaction ID : B3	56343C3151C42AF856	
Houston Purpose of Disbursement	TX 77222		i		
. 4.,5555 6. 2.654.65			Amount of Each Disb	ursement this Period	
Candidate Name		Category/			
Rep. Gene Green		Type		2500.00	
Office Sought: House Disburse	ment For: 2014		i		
Senate	Primary General		i		
President	Other (specify) ▼		1		
State: TX District: 29					
Full Name (Last, First, Middle Initial)			Date of Disbursement	<del>t</del>	
c. GUTHRIE FOR CONGRESS					
Mailing Address PO BOX 9639			10 17	2014	
3 3 3 3 5 7 <b>C 2 5</b> 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6					
City	State Zip Code		Transaction ID · B7	3EB0881CB4843AF82E	
BOWLING GREEN	KY 42102-9639		mansaotion ib . Br	OLDOO TOD TOTOM OLL	
Purpose of Disbursement					
Candidate Name			Amount of Each Disb	ursement this Period	
Rep. Brett Guthrie		Category/ Type		2000.00	
	ment For: 2014	1,760		4	
Senate	Primary		i		
President	Other (specify)		1		
State: KY District: 02					
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TOTAL This Period (last page this line number only	)				

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE			E 43	OF 63				
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			Summary Page			21b	22	X 23		24	25	20
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	NAME OF COMMITTEE (In Full)											
$ \rangle$	American Podiatric Medical Associ	ation P	olitical Actio	n Co	mm	nittee	)					
_	Full Name (Last, First, Middle Initial)											
A.	Gutierrez For Congress						Date of	f Disbur	seme		YY	Y
	Mailing Address 5310 W. Cullom Ave						10		17	L	2014	
	City	State	Zip Code				Trans	action	ID • E	2757900	764E49	6471890
	Chicago	IL	60641				ITALIS	action	ID . E	37 E 7 OD L	704140	047 1030
	Purpose of Disbursement			$\Box$	T		Amount	t of Eac	h Dis	sbursem	ent this	Period
	Candidate Name			Cat	egory	//		-			150	20.00
	Rep. Luis V. Gutierrez				ype			7	-	7	150	00.00
		nent For: Primary Other (spe	X General									
	State: IL District: 04											
_	Full Name (Last, First, Middle Initial)											
В.	HAGAN FOR US SENATE INC						Date of	f Disbur	seme		Y	Y
	Mailing Address PO BOX 29103						10	J L	17		2014	
	GREENSBORO	State NC	Zip Code 27429				Trans	action	ID : E	36934E1	C70ED	B45D39
	Purpose of Disbursement			$\Box$	T		Amount	t of Eac	h Dis	sbursem	ent this	Period
	Candidate Name			Cat	egory	//					150	00.00
	Sen. Kay R. Hagan			Т	уре			7		7	130	30.00
	X Senate	nent For: Primary Other (spe	X General									
_	Full Name (Last, First, Middle Initial)											
C.	Hal Rogers For Congress							f Disbur				
	Mailing Address P.O. Box 1214						10		17	/ Y	2014	- Y
	City	State	Zip Code							. =		
	Somerset	KY	42502				irans	action	ιD : Ε	s=C8905	8B962	749F6A[
	Purpose of Disbursement				_	$\neg \Box$						
	Candidate Name						Amount	t of Eac	h Di	sbursem	ent this	Period
	Rep. Hal Rogers				egory	//		-			250	00.00
		nent For:	2014	Į.	уре	-		7	-	7		
		Primary Other (spe	X General									
_	State: KY District: 05											
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T	OTAL This Period (last page this line number only)					<b>•</b>		- 1		- 7		

SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 44 OF 63	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	one)	
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NAME OF COMMITTEE (In Full)	The and address of any point	loar committee te	- Solicit Continuations from C	den committee.
American Podiatric Medical Association	viation Political Actio	n Committo	20	
American Podiatric Medical Assoc	dalion Political Actio	ii Committe	; <del>C</del>	
Full Name (Last, First, Middle Initial)				
A. HORSFORD FOR CONGRESS			Date of Disbursement	
Moiling Address 0400 FLTON AVE OUTE 4000			M M / D D /	2044
Mailing Address 6100 ELTON AVE, SUITE 1000			10 17	2014
City	State Zip Code			
LAS VEGAS	NV 89107		Transaction ID : BDC8	8505ACBD9A4138BF
Purpose of Disbursement				
			Amount of Each Disburs	sement this Period
Candidate Name		Category/		1500.00
Rep. Steven A. Horsford  Office Sought: House Disburse	weet Fee 2011	Туре		
Office Sought: House Disburse Senate	ement For: 2014 Primary Seneral			
President	Other (specify)			
State: NV District: 04	Canon (opcomy)			
Full Name (Last, First, Middle Initial)				
B. Jackie Speier For Congress			Date of Disbursement	
			M M / D D /	Y Y Y Y
Mailing Address Post Office Box 112			10 17	2014
City	State Zip Code		Transaction ID : B7A4	13F11AF2FC4F929D0
Burlingame Purpose of Disbursement	CA 94011			
raipose of Bissarcement			Amount of Each Disburs	sement this Period
Candidate Name		Cotogony		
Rep. Jackie Speier		Category/ Type		1500.00
	ement For: 2014			
Senate	Primary General			
President	Other (specify) ▼			
State: CA District: 14				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. Jeff Miller For Congress				
Mailing Address P. O. Box 126			10 17	2014
0				
City	State Zip Code		Transaction ID : BCD	9B4004AF9B4FAFBF
Pensacola	FL 32591			
Purpose of Disbursement				
Candidate Name			Amount of Each Disburs	sement this Period
Rep. Jeff B. Miller		Category/ Type		5000.00
•	ement For: 2014	Ni		
Senate	Primary			
President	Other (specify)			
State: FL District: 01				
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SUBTOTAL of Disbursements This Page (optional)		·····•		8000.00
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TOTAL This Period (last page this line number only	/)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 45 OF 63
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)
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		27	28a 28b 28c 29 30b
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	ane and address of any poin	tical committee to	Solicit Contributions from Such Committee.
NAME OF COMMITTEE (In Full)	scietion Delitical Actio	n Committo	0
American Podiatric Medical Asso	Cialion Political Actic	on Committe	e <del>e</del>
Full Name (Last, First, Middle Initial)			
A. JULIA BROWNLEY FOR CONG	RESS		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 2018			10 17 2014
City	State Zip Code		
THOUSAND OAKS	CA 91358		Transaction ID : BF79DA74703754042AE7
Purpose of Disbursement			
		' '	Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. Julia Brownley		Type	1500.00
	sement For: 2014		
Senate   President	Primary General		
State: CA District: 26	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Kaptur For Congress			Date of Disbursement
raptar for congress			M M / D D / Y Y Y Y
Mailing Address 1841 Dority Rd			10 17 2014
City Toledo	State Zip Code OH 43615		Transaction ID: B386618AA8B5348E6B8C
Purpose of Disbursement	43015		
·			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Marcy C. Kaptur		Type	1500.00
	sement For: 2014		
Senate	Primary General		
State: OH District: 09	Other (specify) ▼		
State: OH District: 09  Full Name (Last, First, Middle Initial)			
C. Ken Calvert For Congress Comr	nittoo		Date of Disbursement
Nen Calvert 1 of Congress Com	III.GG		M M / D D / Y Y Y Y
Mailing Address PO Box 20123			10 17 2014
City	State Zip Code		Transaction ID: BA5A7D83F86D54F0B924
Riverside Purpose of Disbursement	CA 92516		
r alpose of Biosarcoment			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Lacif Dispulsement this Fellou
Rep. Ken Calvert		Type	1000.00
Office Sought: House Disbut	sement For: 2014	•	
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 42			
CURTOTAL of Distance and Time S	IV.		4000.00
SUBTOTAL of Disbursements This Page (optional	1)	·····	1000.00
TOTAL This Period (last page this line number o	าly)		
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SCHEDULE B (FEC Form 3X)	Han any costs of the Co	, FOR LINE	PAGE 46 OF 63	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orlin)		
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b
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Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
American Podiatric Medical Association	iation Political Actio	n Committe	е	
Full Name (Last, First, Middle Initial)			Data of Diahamaana	
A. Kevin Mccarthy For Congress			Date of Disburseme	
Mailing Address PO Box 12667			10 17	2014
<b>3</b>				
City	State Zip Code		Transaction ID · F	337A50726B68A44E8B26
Bakersfield	CA 93389		Transaction 12 1 1	5077.007.202007.17.20220
Purpose of Disbursement			Amount of Each Di	sbursement this Period
Candidate Name		Cotorout	, and an each bi	SSECOMON UNO 1 ONOG
Rep. Kevin McCarthy		Category/ Type		5000.00
•	ement For: 2014			
Senate	Primary Seneral			
President	Other (specify) ▼			
State: CA District: 23				
Full Name (Last, First, Middle Initial)  B. KLISTER FOR CONGRESS INC.			Date of Disburseme	ant
B. KUSTER FOR CONGRESS, INC.			M M / D D	/ Y Y Y Y
Mailing Address P.O. BOX 1498			10 17	2014
City	State Zip Code		Transaction ID:	B5F7D799C64BE4E1EB25
CONCORD Purpose of Disbursement	NH 03302			
r dipose of biobarcoment			Amount of Each Di	sbursement this Period
Candidate Name		Category/		
Rep. Ann McLane Kuster		Type		1500.00
	ment For: 2014			
Senate	Primary General			
State: NH District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Langevin For Congress			Date of Disburseme	ent
			M M / D D	/
Mailing Address 181a Knight Street			10 17	2014
City	Ctata 7in Carla			
City Warwick	State Zip Code RI 02886		Transaction ID : I	32BFB9105906A4FDEBE2
Purpose of Disbursement	02000			
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		2500.00
Rep. Jim R. Langevin	want Fam. 25:	Type		2500.00
Office Sought: House Disburse Senate	ement For: 2014 Primary General			
President	Other (specify)			
State: RI District: 02	] · · · · · · · · · · · · · · · · · · ·			
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SUBTOTAL of Disbursements This Page (optional)				9000.00
TOTAL This Period (last page this line number only	/)			

SCHEDULE B (FEC Form 3X)	Han annual calculate	FOR LINE	NUMBER:	PAGE 47 OF 63
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	(oricon orin)	•	
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)		_		
American Podiatric Medical Asso	ciation Political Action	on Committe	ee	
Full Name (Last, First, Middle Initial)				
A. Larson For Congress			Date of Disburseme	
Mailing Address 330 Main Street			10 17	2014
City	State Zip Code		Transaction ID . I	3628923E6A9C44CCCBD
Hartford	CT 06106		Transaction iD . I	5020923E0A9C44CCCBD
Purpose of Disbursement			Amount of Each Di	sbursement this Period
Candidate Name		Category/		
Rep. John B. Larson		Type		2500.00
Office Sought: House Disburs Senate	ement For: 2014			
President	Primary			
State: CT District: 01	Other (speedily)			
Full Name (Last, First, Middle Initial)				
B. Lobiondo For Congress			Date of Disburseme	ent
			M = M / D = D	/
Mailing Address P.O. Box 550			10 17	2014
City	State Zip Code		Transaction ID : I	B5C3BAB740B8E42C78C
Vineland Purpose of Disbursement	NJ 08362			
raipose of Bisbursement			Amount of Each Di	sbursement this Period
Candidate Name		Category/		1000.00
Rep. Frank A. LoBiondo		Type		1000.00
	ement For: 2014			
Senate President	Primary General			
State: NJ District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Loebsack For Congress			Date of Disburseme	ent
Mailing Address PO Box 2720			10 17	2014
Maining Addition FO BOX 2720				2017
City	State Zip Code		Transaction ID : I	B86BEAB1AE6554E599E5
Cedar Rapids Purpose of Disbursement	IA 52406			
Turpose of Bioburdoment		I	Amount of Each Di	sbursement this Period
Candidate Name		Category/	Amount of Each Di	Spursement this renou
Rep. Dave W. Loebsack		Type		1000.00
	ement For: 2014			
Senate	Primary General			
State: IA District: 02	Other (specify) ▼			
District UZ				
SUBTOTAL of Disbursements This Page (optional)	)			4500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAG		
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		27		28c 29 30b
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NAME OF COMMITTEE (In Full)				
American Podiatric Medical Assoc	iation Political Action	n Committe	е	
Full Name (Last, First, Middle Initial)				
A. Lofgren For Congress			Date of Disbursement	/ Y Y Y Y
Mailing Address C/O Contribution Solutions, Llc 123 E. San Carlos St., #531			10 17	2014
City	State Zip Code		Transaction ID · RA	BBF60C54F13430DA80
San Jose	CA 95112			221 0000 11 10 1002/100
Purpose of Disbursement			Amount of Each Disb	ursement this Period
Candidate Name		Category/		1500.00
Rep. Zoe Lofgren		Туре		1300.00
Senate President	ment For: 2014 Primary			
State: CA District: 19				
Full Name (Last, First, Middle Initial)				
B. Louise Slaughter Re-Election Con	nmittee		Date of Disbursement	/
Mailing Address P.O. Box 730			10 17	2014
City Honeoye	State Zip Code NY 14471		Transaction ID : BE	DA7DFEA384A4AE6AE
Purpose of Disbursement		· · · ·	Amount of Each Disb	ursement this Period
Candidate Name		Category/		
Rep. Louise M. Slaughter		Туре		1500.00
Office Sought:    House   Disburse	ment For: 2014 Primary			
Full Name (Last, First, Middle Initial)  C. LYNN JENKINS FOR CONGRESS	2		Date of Disbursement	•
CHINI JENKINS FOR CONGRES	0		M M / D D	/
Mailing Address PO BOX 1441			10 17	2014
City	State Zip Code		Transaction ID - B4	5185D9ED296486B8DA
TOPEKA	KS 66601-1441		เาสแรสนแบก เม : 151	J 10JD3ED230400D0DA
Purpose of Disbursement				
			Amount of Each Disb	ursement this Period
Candidate Name		Category/		5000.00
Rep. Lynn M. Jenkins		Туре		3000.00
Senate President	ment For: 2014 Primary			
State: KS District: 02				
SUBTOTAL of Disbursements This Page (optional).		······		8000.00
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 49 OF 6						
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	one)					
	Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b					
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NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , ,							
American Podiatric Medical Associ	ation Political Actio	n Committe	Δ					
American i odiatne Medical Associ	ation i offical Actio	ii Committe						
Full Name (Last, First, Middle Initial)								
A. Mark Pryor For Us Senate			Date of Disbursement					
Mailing Address PO Box 2720			M M / D D / Y Y Y Y Y					
Mailing Address PO Box 2720			10 17 2014					
City	State Zip Code							
Little Rock	AR 72203		Transaction ID: BFF106A64D3B24FB18FD					
Purpose of Disbursement								
			Amount of Each Disbursement this Period					
Candidate Name		Category/	1500.00					
Sen. Mark L. Pryor  Office Sought: House Disburser		Туре	1000100					
Senate	nent For: 2014  Primary Seneral							
President	Other (specify)							
State: AR District:	Caron (openity)							
Full Name (Last, First, Middle Initial)								
B. Markey Committee, The			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address PO Box 526			10 17 2014					
	State Zip Code		Transaction ID : BEF8EA8ABDF6F49B8AF					
Medford Purpose of Disbursement	MA 02155							
Turpose of Biobardomone			Amount of Each Disbursement this Period					
Candidate Name		Category/						
Sen. Edward J. Markey		Type	2500.00					
Office Sought: House Disburser	ment For: 2014							
Senate	Primary General							
President	Other (specify) ▼							
State: MA District: 05								
Full Name (Last, First, Middle Initial)	_		Date of Disbursement					
C. MARTIN HEINRICH FOR SENATE								
Mailing Address P.O. BOX 25763			10 17 2014					
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3								
City	State Zip Code		Transaction ID : B958DA1F9AA114ECCB5					
ALBUQUERQUE	NM 87125		Transaction is . Boods in GAATT4200Boo					
Purpose of Disbursement								
Candidate Name			Amount of Each Disbursement this Period					
Sen. Martin T. Heinrich		Category/ Type	1000.00					
	ment For: 2018	Турс	7					
▼ Senate ▼	Primary General							
President	Other (specify) ▼							
State: NM District:	· 							
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00					
TOTAL This Period (last page this line number only)	)							

SCHEDULE B (FEC Form 3X)		, FOR LINE	PAGE 50 OF 63	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orling		
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30b
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NAME OF COMMITTEE (In Full)	717			
American Podiatric Medical Association	ciation Political Action	on Committe	e	
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Full Name (Last, First, Middle Initial)	<u> </u>			
A. Matsui For Congress			Date of Disburseme	
Mailing Address PO Box 1738			10 17	2014
ag / dd 000 1 O D0X 1700			17	2014
City	State Zip Code		Transaction ID : B	34C2F3E54AF734F87B97
Sacramento	CA 95812		Hansaction ID : E	9462F3E34AF134F61B91
Purpose of Disbursement			Amount of Each Dia	sbursement this Period
Candidate Name			Amount of Each Dis	soursement this Penou
Rep. Doris O. Matsui		Category/ Type		1500.00
	ement For: 2014	,,,,,		,
Senate	Primary			
President	Other (specify) ▼			
State: CA District: 06				
B. Mchenry For Congress			Date of Disburseme	ant
B. Mchenry For Congress				
Mailing Address PO Box 1406			10 17	2014
City	State Zip Code		Transaction ID : E	398EA6402E20B403E9E4
Hickory Purpose of Disbursement	NC 28603			
i dipose oi Dispuisement			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
Rep. Patrick T. McHenry		Type		5000.00
Office Sought: House Disburse	ement For: 2014	•		
Senate	Primary General			
State: NC District: 10	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Menendez For Senate			Date of Disburseme	ent
			M M / D D	/ <b>Y Y Y Y Y</b>
Mailing Address One Gateway Center Suite 520			10 17	2014
0.1				
City Newark	State Zip Code NJ 07102		Transaction ID : E	BB610A754A8BA4DE8BE
Purpose of Disbursement	0//102			
			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1000 00
Sen. Robert Menendez		Type		1000.00
	ement For: 2018			
Senate President	Primary General Other (specify)			
State: NJ District:	other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)				7500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 51							
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	one)						
	Detailed Summary Page	21b	22 X 23 24 25 2						
		27	28a 28b 28c 29 3						
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NAME OF COMMITTEE (In Full)									
American Podiatric Medical Ass	ociation Political Actio	n Committe	е						
Full Name (Last, First, Middle Initial)									
A. Mike Crapo For Us Senate			Date of Disbursement						
Mailing Address P.O. Box 1948			10 17 2014						
City	State Zip Code		Transaction ID : B49A30C3647894C189						
Boise Purpose of Disbursement	ID 83701								
·			Amount of Each Disbursement this Period						
Candidate Name		Category/	1500.00						
Sen. Mike D. Crapo  Office Sought: House Disbu	rsement For: 2016	Туре							
Senate President	Primary General  Other (specify) ▼								
State: ID District:									
Full Name (Last, First, Middle Initial)  B. MIKE KELLY FOR CONGRESS	<b>,</b>		Date of Disbursement						
Mailing Address PO BOX 476			10 17 2014						
City LYNDORA	State Zip Code PA 16045		Transaction ID : BF89A2C1A95534D948						
Purpose of Disbursement			Amount of Each Disbursement this Period						
Candidate Name		Category/	5000.00						
Rep. Mike Kelly Jr.		Туре	3000.00						
Office Sought:    House   Disbu	rsement For: 2014 Primary ☐ General Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
C. Mike Thompson For Congress			Date of Disbursement						
Mailing Address 5429 Madison Avenue			10 17 2014						
City	State Zip Code		Transaction ID : B132B873C965B41128						
Sacramento	CA 95841		11alisaction ib . B132B073C903B41120						
Purpose of Disbursement									
Candidate Name			Amount of Each Disbursement this Period						
Rep. Mike Thompson		Category/ Type	1000.00						
	rsement For: 2014	туре	7						
Senate President	Primary ☐ General Other (specify) ▼								
State: CA District: 05									
SUBTOTAL of Disbursements This Page (option	al)	·····	7500.00						
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SCHEDULE B (FEC Form 3X)	Harrison to the text	FOR LINE	PAGE 52 OF 63	
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	ne   (oricon orin)	•	
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NAME OF COMMITTEE (In Full)				
American Podiatric Medical Assoc	iation Political Act	ion Committe	ee	
/				
Full Name (Last, First, Middle Initial)				
A. Pascrell for Congress, Inc.			Date of Disburseme	ent
Mailing Address PO Box 100			10 17	2014
Mailing Address FO DUX 100			10 17	2014
City	State Zip Code		Tropposition ID	2200074005005404005
Teaneck	NJ 07666-0100	)	ransaction ID : I	32C9B7A99FB6E4340997
Purpose of Disbursement				
Candidate Name			Amount of Each Di	sbursement this Period
Rep. Bill J. Pascrell Jr.		Category/		1000.00
	ment For: 2014	Type		
Senate Senate	Primary X Genera	al		
President	Other (specify) ▼			
State: NJ District: 09				
Full Name (Last, First, Middle Initial)				
B. Pat Roberts For US Senate Inc			Date of Disburseme	ent
A4 35 A 1 1			M = M / D = D	/
Mailing Address PO Box 433			10 17	2014
City	State Zip Code			
Great Bend	KS 67530		Transaction ID : I	BBEF60516AD544EBAB6
Purpose of Disbursement				
			Amount of Each Di	sbursement this Period
Candidate Name		Category/		2500.00
Sen. Pat Roberts  Office Sought: House Disburse	ment For: 2014	Туре		7
Senate	Primary Genera	al		
President	Other (specify)	A1		
State: KS District:	· · · · · · · · · · · · · · · · · · ·			
Full Name (Last, First, Middle Initial)				
C. PAUL TONKO FOR CONGRESS			Date of Disburseme	ent
			M M / D D	/
Mailing Address 911 CENTRAL AVENUE			10 17	2014
PO BOX 221 City	State Zip Code			
ALBANY	NY 12206		Transaction ID: I	BBBA5CD684ABE414380
Purpose of Disbursement				
		_ [ [ ]	Amount of Each Di	sbursement this Period
Candidate Name		Category/		1000.00
Rep. Paul D. Tonko		Туре	,	1000.00
Office Sought: House Disburse Senate	ment For: 2014	اد		
President	Primary	aı		
State: NY District: 20	Janon (opoonly) ▼			
20 20				
SUBTOTAL of Disbursements This Page (optional).				4500.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for or commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial)  A. PEOPLE FOR BEN  Mailing Address PO BOX 31129  City State Zip Code NM 87594  Purpose of Disbursement  Candidate Name Rep, Ben R. Lujan Office Sought: House Senate President State: NM District: 03  Full Name (Last, First, Middle Initial)  B. PEOPLE FOR DEREK KILMER  Mailing Address PO BOX 1574  City State Zip Code Gis HarBox General President Senate Purpose of Disbursement Candidate Name  Rep, Derek Kilmer  City State Zip Code Gis HarBox General President Senate President State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Date of Disbursement  Candidate Name  Rep, Derek Kilmer  Office Sought: House Disbursement For: 2014 Senate President State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City Sealord Name Candidate Name  Rep, Derek Kilmer  Office Sought: House Disbursement For: 2014 Senate President State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Date of Disbursement  Transaction ID: B412086E67CF94C  Amount of Each Disbursement Bis Pace Sought State	ITEMIZED DISBURSEMENTS		(check only	one)					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.    NAME OF COMMITTEE (in Full)									
NAME OF COMMITTEE (in Full)  American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial)  A. PEOPLE FOR BEN  Mailing Address PO BOX 31129  City Shart First, Middle Initial)  Amount of Each Disbursement Initial President State: NAM District: 03  Full Name (Last, First, Middle Initial)  B. PEOPLE FOR BER KILMER  Mailing Address PO BOX 1574  City City City City City City City Cit									
American Podiatric Medical Association Political Action Committee  Full Name (Last, First, Middle Initial)  A. PEOPLE FOR BEN  Mailing Address PO BOX 31129  Gity SahtTA FE NM B7594  Purpose of Disbursement  Candidate Name Rep. Ben R. Lujan Office Sought:  Persident State: NM District: 03  Full Name (Last, First, Middle Initial)  B. PEOPLE FOR DEREK KILMER  Mailing Address PO BOX 1574  City City Category/ Type  Date of Disbursement this Pe  Category/ Type  Transaction ID: BA87F0358085549  Amount of Each Disbursement this Pe  Category/ Type  Date of Disbursement this Pe  Category/ Type  Date of Disbursement this Pe  Category/ Type  Transaction ID: B412086E67CF04C  Amount of Each Disbursement  Candidate Name Rep. Derek Kilmer  Office Sought:  House Disbursement For: 2014 Senate Princate Princatent Disbursement For: 2014 Senate Princatent Disbursement Date of Disbursement Disbursement For: 2014 Amount of Each Disbursement Date of Dis									
Full Name (Last, First, Middle Initial)  A. PEOPLE FOR BEN  Mailing Address PO BOX 31129  City State Zip Code SANTA FE NM 87594  Purpose of Disbursement  Candidato Name  Rep. Ben R. Lujan  Office Sought: Senate President State: NM District: 03  Full Name (Last, First, Middle Initial)  B. PEOPLE FOR DEREK KILMER  Mailing Address PO BOX 1574  City State Zip Code WA 98335  Purpose of Disbursement  Candidato Name  Rep. Derek Kilmer  Office Sought: Senate Primary General State: NM District: 06  Full Name (Last, First, Middle Initial)  B. PEOPLE FOR DEREK KILMER  Mailing Address PO BOX 1574  City State Zip Code WA 98335  Purpose of Disbursement  Candidato Name  Rep. Derek Kilmer  Office Sought: Senate Primary General State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State Zip Code NY 11783  Purpose of Disbursement  Candidato Name  Rep. Pete T. King  Office Sought: House Disbursement For: 2014  Senate President State: WA District: 06  Full Name (Last, First, Middle Initial)  Category/ Type  Category/ Type  Transaction ID: B8742063BAC3F4: Amount of Each Disbursement this Peters of Disbursement Por: 2014  Amount of Each Disbursement  Candidato Name  Rep. Pete T. King  Office Sought: House Disbursement For: 2014  Senate President State: WA District: 02  Disbursement For: 2014  Amount of Each Disbursement Por: 2014  Category/ Type  Transaction ID: BB742063BAC3F4: 2014  Transaction ID: BB742063BAC3F4:	NAME OF COMMITTEE (In Full)								
A. PEOPLE FOR BEN  Mailing Address PO BOX 31129  City SANTA FE NM 87594  Purpose of Disbursement  Cardidate Name Rep. Ben R. Lujan  Office Sought: House President Primary General Primary General Purpose of Disbursement  Clity State: NM District: 03  Full Name (Last, First, Middle Initial)  B. PEOPLE FOR DEREK KILMER  Mailing Address PO BOX 1574  City State: WA District: 06  Full Name (Last, First, Middle Initial)  Candidate Name Rep. Derek Kilmer  Office Sought: House Disbursement For: 2014  Cher (specify) ▼  Date of Disbursement  Transaction ID : B412086E67CF04C  Amount of Each Disbursement  Transaction ID : B412086E67CF04C  Amount of Each Disbursement this Pe  Category/ Type  1500.6  Transaction ID : B412086E67CF04C  Category/ Type  Disbursement For: 2014  Amount of Each Disbursement  Category/ Type  Transaction ID : B412086E67CF04C  Category/ Type  Disbursement  Category/ Type  Transaction ID : B412086E67CF04C  Category/ Type  Transaction ID : B812086E67CF04C  Category/ Type  Date of Disbursement  Category/ Type  Transaction ID : B8742063BAC374:  City State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State: VA District: 06  Full Name (Last, First, Middle Initial)  Category/ Type  Transaction ID : B8742063BAC374:  Amount of Each Disbursement For: 2014  Category/ Type  Transaction ID : B8742063BAC374:  Category/ Type  Transaction ID : B8742063BAC374:  Amount of Each Disbursement For: 2014  Category/ Type  Transaction ID : B8742063BAC374:  Condidate Name  Rep. Pete T. King  Disbursement For: 2014  Disbursement For: 2014  Category/ Type  Category/ Type  Transaction ID : B8742063BAC374:  Condidate Name  Category/ Type  Type Disbursement For: 2014  Condidate Name  Category/ Type  Type Disbursement For: 2014  Condidate Name  Category/ Type  Category/ Type  Type Disbursement For: 2014  Condidate Name  Categ	American Podiatric Medical Assoc	iation Political Action	on Committe	е					
Mailing Address PO BOX 31129  City State Zip Code NM 87594  Purpose of Disbursement  Candidate Name Rep. Ben R. Lujan  Office Sought:	_								
Mailing Address PO BOX 31129  City State Zip Code NM 87594  Transaction ID : BA87F0358085549  Amount of Each Disbursement Into President State: NM District: 03  Full Name (Last, First, Middle Initial)  Senate President Senate Primary General Other (specify) ▼  Category/ Type  Disbursement For: 2014  City State: NM District: 03  Full Name (Last, First, Middle Initial)  B. PEOPLE FOR DEREK KILMER  Mailing Address PO BOX 1574  City State: VA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State: VA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State: VA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State: VA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State: VA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State: VA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State: VA District: 06  Transaction ID : B412086E67CF04C  Transaction ID : B412086E67CF04C  Category/ Type  Transaction ID : B712086E67CF04C  Category/ Type  Transaction ID : B412086E67CF04C	A. PEOPLE FOR BEN			Date of Disbursement					
SANTA FE Purpose of Disbursement  Candidate Name Rep. Ben R. Lujan Office Sought:  State: NM District: 03  Full Name (Last, First, Middle Initial)  Candidate Name Rep. Derek Kilmer  Category/ Type  Category/ Type  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Transaction ID: BA37F0358085549  Amount of Each Disbursement this Pe  Category/ Type  Transaction ID: BA37F0358085549  Amount of Each Disbursement this Pe  Category/ Type  Date of Disbursement  Amount of Each Disbursement  Date of Disbursement this Pe  Category/ Type  Date of Disbursement  Date of Disbursement  Transaction ID: BA7420638AC3F4:  Amount of Each Disbursement this Pe  Category/ Type  Date of Disbursement  Transaction ID: BA7420638AC3F4:  Amount of Each Disbursement this Pe  Category/ Type  Category/ Type  Date of Disbursement  Transaction ID: BB7420638AC3F4:  Amount of Each Disbursement this Pe  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Code  NY 11783  Transaction ID: BB7420638AC3F4:  Amount of Each Disbursement this Pe  Category/ Type  Code  NY 11783  Transaction ID: BB742063BAC3F4:  Amount of Each Disbursement this Pe  Category/ Type  Code  NY 11783  Transaction ID: BB742063BAC3F4:  Amount of Each Disbursement this Pe  Category/ Type  Code  NY 11783  Transaction ID: BB742063BAC3F4:  Code  Category/ Type  Code  C	Mailing Address PO BOX 31129								
SANIA FE Purpose of Disbursement  Candidate Name Rep. Ben R. Lujan Office Sought: State: NM District: 03 Full Name (Last, First, Middle Initial)  B. PEOPLE FOR DEREK KILMER  Mailing Address PO BOX 1574  City Gig HARBOR Rep. Derek Kilmer Office Sought: Senate President State: WA District: 03  Full Name (Last, First, Middle Initial)  Category/ Type  Disbursement For: 2014 Senate President State: WA District: 06  Full Name (Last, First, Middle Initial)  Cher (specify) ▼  Date of Disbursement  Amount of Each Disbursement  Transaction ID: B412086E67CF04C  Amount of Each Disbursement  Amount of Each Disbursement  Transaction ID: B412086E67CF04C  Amount of Each Disbursement this Pe Category/ Type  Disbursement For: 2014 Senate President State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City Seaford NY 11783  Purpose of Disbursement  Category/ Type  Date of Disbursement  Transaction ID: B8742083BAC3F4:  Amount of Each Disbursement  Transaction ID: B8742083BAC3F4:  Amount of Each Disbursement  Category/ Type  Date of Disbursement  Transaction ID: B8742083BAC3F4:  Category/ Type  Dotter (specify) ▼  Seaford NY 11783  Purpose of Disbursement  Category/ Type  Transaction ID: B8742083BAC3F4:  Amount of Each Disbursement  Category/ Type  Dotter (specify) ▼  Transaction ID: B8742083BAC3F4:  Amount of Each Disbursement  Date of Disbu	City	State Zip Code							
Candidate Name Rep. Ben R. Lujan  Office Sought:    House   Prissident   Prissident   Other (specify)   State: NM   District: 03	SANTA FE	NM 87594		Transaction ID : BA87F0358085549D587					
Candidate Name Rep. Ben R. Lujan  Office Sought: House   Disbursement For: 2014   Primary   General President   P	Purpose of Disbursement								
Rep. Ben R. Lujan  Office Sought:				Amount of Each Disbursement this Period					
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Senate President Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. PEOPLE FOR DEREK KILMER  Mailing Address PO BOX 1574  City State Zip Code GIG HARBOR WA 98335  Purpose of Disbursement  Candidate Name Rep. Derek Kilmer  Office Sought: House Senate Primary General Primary General Other (specify) ▼  State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State Zip Code General Other (specify) ▼  State Zip Code Transaction ID: B8742063BAC3F4:  City State Zip Code NY 11783  Purpose of Disbursement  Category/ Type  Category/ Type  Category/ Type  Transaction ID: B8742063BAC3F4:  City State Zip Code NY 11783  Purpose of Disbursement  Candidate Name Rep. Pete T. King  Office Sought: House Senate President Other (specify) ▼  State: NY District: 02  Disbursement For: 2014  Amount of Each Disbursement For: 2014  Amount of Each Disbursement For: 2014  Amount of Each Disbursement For: 2014  Category/ Type  Category/ Type  Category/ Type  Cottes Sought: Primary General Other (specify) ▼  State: NY District: 02		ment For: 2014	Туре	7					
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GIG HARBOR WA 98335 Purpose of Disbursement  Candidate Name Rep. Derek Kilmer Office Sought: House Senate President State: WA District: 06  Full Name (Last, First, Middle Initial) C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State Zip Code Seaford NY 11783  Purpose of Disbursement  Candidate Name Rep. Pete T. King Office Sought: House Senate Primary General Other (specify) ▼  Category/ Type  Transaction ID: B472086867CF44  Amount of Each Disbursement this Peter Seaford Seaford NY 11783  Purpose of Disbursement For: 2014  Category/ Type  Category/ Type  Condidate Name Rep. Pete T. King Office Sought: House Senate Primary General Other (specify) ▼  State: NY District: 02	Mailing Address PO BOX 1574								
Candidate Name Rep. Derek Kilmer Office Sought:	•			Transaction ID : B412086E67CF04CD58E					
Rep. Derek Kilmer  Office Sought: House Senate Primary General Other (specify)  State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State Zip Code NY 11783  Purpose of Disbursement  Candidate Name Rep. Pete T. King  Office Sought: House Senate Primary General Other (specify)   Type  Date of Disbursement  Transaction ID: BB742063BAC3F4:  Amount of Each Disbursement this Peter Senate Primary General Other (specify)   State: NY District: 02	Purpose of Disbursement			Amount of Each Disbursement this Period					
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Senate President Other (specify)   State: WA District: 06  Full Name (Last, First, Middle Initial)  C. Pete King For Congress Committee  Mailing Address Post Office Box 1428  City State Zip Code Seaford NY 11783  Purpose of Disbursement  Candidate Name Rep. Pete T. King  Office Sought: House Senate Primary General Other (specify)   State: NY District: 02  Primary General Other (specify)   Amount of Each Disbursement this Peters Category/ Type  Category/ Type  State: NY District: 02				1500.00					
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Mailing Address Post Office Box 1428  City Seaford Purpose of Disbursement  Candidate Name Rep. Pete T. King  Office Sought:  House Senate President State: NY District: 02  NY District: 02  State Zip Code NY 11783  Transaction ID: BB742063BAC3F4:  Category/ Type  Category/ Type  Category/ Type  Other (specify)  Other (specify)  ■  Category/ Type  Category/ Type  Category/ Type  Category/ Type  Category/ Type	C. Pete King For Congress Committee	ee							
Seaford NY 11783  Purpose of Disbursement  Candidate Name Rep. Pete T. King  Office Sought:	Mailing Address Post Office Box 1428								
Seaford Purpose of Disbursement  Candidate Name Rep. Pete T. King  Office Sought:  President State: NY  District: 02  NY  11783  Amount of Each Disbursement this Peters  Category/ Type  Category/ Type  Category/ Type  Condidate Name Condida	City	State Zip Code		Transaction ID - BR742063RAC3E43289F					
Candidate Name Rep. Pete T. King  Office Sought:  House Primary President State: NY  District: 02  Amount of Each Disbursement this Peters 2014  Primary  Other (specify)  Type  Amount of Each Disbursement this Peters 2000.00  Category/ Type  Category/ Type  Category/ Type		NY 11783							
Candidate Name  Rep. Pete T. King  Office Sought:    House   Senate   Primary   General   Other (specify)   ▼  State: NY District: 02	Purpose of Disbursement								
Rep. Pete T. King  Office Sought: House Senate President State: NY District: 02  Category/ Type  Disbursement For: 2014  Primary General Other (specify)  Other (specify)	Candidate Name			Amount of Each Disbursement this Period					
Office Sought:  Senate  President  State: NY  District: 02  Disbursement For: 2014  Primary  Other (specify) ▼  State: NY  District: 02	Rep. Pete T. King			5000.00					
2000.0	Office Sought:  House Senate President  Disburse	Primary General	1,7,2						
SUBTOTAL of Disbursements This Page (optional)	State: NY District: 02								
TOTAL This Period (last page this line number only)				8000.00					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 54 OF							
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	nly one)						
	Detailed Summary Page	.       210	22 X 23 24 25 20 20 20 20 20 20 20 20 20 20 20 20 20						
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NAME OF COMMITTEE (In Full)  American Podiatric Medical Association	niation Dalitical Actio	an Cammitta							
American Podiatric Medical Assoc	Siation Political Action	on Committe	: <del>C</del>						
Full Name (Last, First, Middle Initial)									
A. Price For Congress			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address P.O. Box 425			10 17 2014						
City	State Zip Code								
Roswell	GA 30077		Transaction ID: B1699FF6683294A91						
Purpose of Disbursement									
			Amount of Each Disbursement this Period						
Candidate Name		Category/	1500.00						
Rep. Tom E. Price		Type	1300.00						
	ement For: 2014								
Senate President	Primary General Other (specify)								
State: GA District: 06	Other (specify)								
Full Name (Last, First, Middle Initial)									
B. QUIGLEY FOR CONGRESS			Date of Disbursement						
QUICELT TON CONCRECC			M M / D D / Y Y Y Y						
Mailing Address PO BOX 13040			10 17 2014						
City	State Zip Code		Transaction ID : BABBCBA0DABC74I						
CHICAGO Purpose of Disbursement	IL 60613								
r diposo of Biobarconient			Amount of Each Disbursement this Perio						
Candidate Name		Category/							
Rep. Mike Quigley		Type	1500.00						
Office Sought: House Disburs	ement For: 2014								
Senate	Primary General								
President	Other (specify) ▼								
State: IL District: 05									
Full Name (Last, First, Middle Initial)			Date of Disbursement						
C. Renee Ellmers For Congress Cor	nmillee								
Mailing Address P.O. Box 904			10 17 2014						
City	State Zip Code		Transaction ID : BDD590C41BCFB407						
Dunn Purpose of Disbursement	NC 28335								
Furpose of Disbursement									
Candidate Name			Amount of Each Disbursement this Perio						
Rep. Renee L. Ellmers		Category/ Type	5000.00						
•	ement For: 2014	-5/2-5							
Senate	Primary								
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 55 OF							
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	y <u>one</u> )						
	Detailed Summary Page	21b	22 🗙 23	24 25 26					
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NAME OF COMMITTEE (In Full)	c and address of any point	icai committee te	5 3011011 COTHERDUCIONS ITC	on such committee.					
American Podiatric Medical Associa	ation Political Actio	n Committe	20						
American Fodiatric Medical Associa	diion Political Actio	ii Committe	<del>,</del>						
Full Name (Last, First, Middle Initial)									
A. Ribble For Congress			Date of Disburseme	nt					
Mailian Address DO D. 7000			M M / D D	/					
Mailing Address PO Box 7200			10 17	2014					
City	tate Zip Code								
Appleton	WI 54912		Transaction ID : B	OCBECA59283C4316983					
Purpose of Disbursement									
Candidate Name			Amount of Each Dis	sbursement this Period					
Rep. Reid J. Ribble		Category/		5000.00					
	ent For: 2014	Туре							
	Primary								
	Other (specify) ▼								
State: WI District: 08									
Full Name (Last, First, Middle Initial)									
B. Richard Burr Committee; The			Date of Disburseme	ent					
Mailing Address D. (OV) D. Essa			M M / D D	7 7 7 7 7					
Mailing Address Post Office Box 5928			10 17	2014					
City	tate Zip Code		Transaction ID . B	2042F00F4F2F474F0DD					
Timeter Caretti	NC 27113		Transaction iD : E	33C42F80F4E3F47458DB					
Purpose of Disbursement			Amount of Fools Die	.h					
Candidate Name			Amount of Each Dis	sbursement this Period					
Sen. Richard M. Burr		Category/ Type		1000.00					
	ent For: 2016	1,700							
	Primary General								
President	Other (specify) ▼								
State: NC District:									
Full Name (Last, First, Middle Initial)	•		D . (D: )						
C. Richard E Neal For Congress Com	mittee		Date of Disburseme						
Mailing Address 76 Magnolia Terrace			10 17	2014					
The state of the s									
,	tate Zip Code		Transaction ID · B	80C6E8814388F4614B19					
	MA 01108								
Purpose of Disbursement									
Candidate Name		Catamani	Amount of Each Dis	sbursement this Period					
Rep. Richard E. Neal		Category/ Type		1500.00					
	ent For: 2014								
Senate	Primary General								
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State: MA District: 01									
CURTOTAL of Distance and Till D. ( )				7500.00					
SUBTOTAL of Disbursements This Page (optional)		······		1000.00					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	e(s) FOR LINE NUMBER: PAGE 56 (check only one)							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b						
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	ments may not be sold or us	sed by any perso	on for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)  American Podiatric Medical Associ									
Full Name (Last, First, Middle Initial)			5. (5.)						
A. Rob Bishop For Congress			Date of Disbursement						
Mailing Address PO Box 2010			10 17 2014						
•	State Zip Code		Transaction ID : B2B6B9C6D6864479F999						
Brigham City Purpose of Disbursement	UT 84302								
r dipose of Bisburgemont			Amount of Each Disbursement this Period						
Candidate Name		Category/	5000.00						
Rep. Rob W. Bishop  Office Sought:  House Disburser	mont Fore COAA	Туре	5000.00						
Senate President	ment For: 2014  Primary								
State: UT District: 01									
Full Name (Last, First, Middle Initial)  B. Rob Wittman For Congress			Date of Disbursement						
Mailing Address P.O. Box 999			10 17 2014						
Montross	State Zip Code VA 22520		Transaction ID : BA0CAAA1D0D644D58A7						
Purpose of Disbursement			Amount of Each Disbursement this Period						
Candidate Name		Category/							
Rep. Rob J. Wittman		Type	5000.00						
Office Sought:    House   Disburser	ment For: 2014 Primary								
Full Name (Last, First, Middle Initial)  C. RODNEY FOR CONGRESS			Date of Disbursement						
Mailing Address PO BOX 344			10 17 2014						
TAYLORVILLE	State         Zip Code           IL         62568-0344		Transaction ID : B7BF5147BCF8F4C26928						
Purpose of Disbursement			Amount of Each Disbursement this Period						
Candidate Name		Category/							
Rep. Rodney L. Davis		Type	1500.00						
Office Sought:    House   Disburser	ment For: 2014 Primary								
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_	Full Name (Last, First, Middle Initial)												
Α.	Ros-Lehtinen For Congress						Date of	f Disbur	seme		YYY	V	
	Mailing Address PO Box 522784						10	ľ	17		2014		
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	Candidate Name			Cate	gory/			-	-				$\neg$
	Rep. Ileana C. Ros-Lehtinen				/pe			- 7		- 7	50	00.00	
	Senate President	nent For: Primary Other (spe	X General										
_	State: FL District: 27												
_	Full Name (Last, First, Middle Initial)												
В.	Ruben Hinojosa For Congress						Date of	f Disbur	seme		YYY	- Y	
	Mailing Address 502 North 11th Street						10	J. L	17	I L	2014		
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	Rep. Ruben E. Hinojosa				/pe ´			- 7	_	- 7	15	00.00	
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	Full Name (Last, First, Middle Initial)						Date of	f Disbur	seme	ent			
٥.	Ryan For Congress						M = M	_	■ D		YYY		
	Mailing Address P. O. Box 1488						10		17	ľ	2014		
		State	Zip Code				Trans	action	ID : E	384E40F	CBD56	6743E	E9A2
	Janesville Purpose of Disbursement	WI	53547-1488										
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	Candidate Name					-	Amount	t of Ead	וט מי	sbursem	ent this	s Peri	od
	Rep. Paul D. Ryan				egory/ /pe		"				30	00.00	
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_	State: WI District: 01												
s	SUBTOTAL of Disbursements This Page (optional)				····· )	<u> </u>	Ë	- 7	-	7	950	00.00	
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SCHEDULE B (FEC Form 3X)		-ll(-)	FOR LINE I	PAGE	58 O	F 63		
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	Detailed Summary		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
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NAME OF COMMITTEE (In Full)	•							
American Podiatric Medical Assoc	iation Political A	Action Co	ommitte	е				
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Full Name (Last, First, Middle Initial)				Dots of	Diobusses			
A. Sensenbrenner Committee					Disburseme			
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City	State Zip Code	е		Trance	ction ID : E	27ED2 4 47	/AQE / A /	ED70 4
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Purpose of Disbursement			1	A ma a	of Each Di	oburoo	v+ +b:- □	orica
Candidate Name				Amount	of Each Dis	soursemer	ii inis P	enoa
Rep. Jim Sensenbrenner Jr.			ategory/ Type				1000.	00
	ment For: 2014		.,,,,		7	7		
Senate	Primary X Ger	neral						
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State: WI District: 05								
Full Name (Last, First, Middle Initial)							•	
B. Sires For Congress				Date of	Disburseme	ent		
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Mailing Address 6050 Blvd. East				10	17	ئىا ل	2014	
City	State Zip Code	e						
West New York	NJ 07093	-		Transa	ction ID : E	3A5127E2	2B37E4	10AB25
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Candidate Name			ategory/				2000.	00
Rep. Albio Sires  Office Sought:   House   Disburse	ment For: 2014		Туре		7	7		
Senate Dispurse	Primary X Ger	neral						
President	Other (specify)	.5141						
State: NJ District: 08	<b>(1</b>							
Full Name (Last, First, Middle Initial)								
C. SOUTHERLAND FOR CONGRES	S			Date of	Disburseme	ent		
				M = M	/ D D		Y	Y
Mailing Address PO BOX 1692				10	17	2	2014	
City	State Zip Code	e.						
LYNN HAVEN	FL 32444			Transa	ction ID : E	BEEB559E	372474	FDC911
Purpose of Disbursement								
				Amount	of Each Dis	sbursemer	nt this P	eriod
Candidate Name			ategory/				1000.0	00
Rep. Steve Southerland II			Type		7	7	1000.	
Office Sought: House Disburse	ment For: 2014	noral						
President	Primary	neral						
State: FL District: 02	outer (opeony) ▼							
								-
SUBTOTAL of Disbursements This Page (optional)							4000.0	00
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TOTAL This Period (last page this line number only	)			L	- All - 1		1 40	_ [

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 59 OF							
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(orleast orling							
	Detailed Summary Page		22 X 23 24 25 26 28a 28b 28c 29 30b						
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NAME OF COMMITTEE (In Full)	tarrie and address of any pon	tioar committee to	contributions from such committee.						
American Podiatric Medical Asso	sciation Political Actio	on Committe							
American Foulattic Medical Asso	Cialion Follical Action		<del> </del>						
Full Name (Last, First, Middle Initial)									
A. Stabenow For Us Senate			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address P.O. Box 4945			10 17 2014						
City	State Zip Code								
East Lansing	MI 48826		Transaction ID : BEA0001E601D34A6BAFF						
Purpose of Disbursement									
			Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
Sen. Debbie A. Stabenow		Type	1000.00						
	sement For: 2018								
Senate President	Primary General Other (specify) ▼								
State: MI District:	Other (specify)								
Full Name (Last, First, Middle Initial)									
B. Stivers For Congress			Date of Disbursement						
Olivers For Congress			M M / D D / Y Y Y Y						
Mailing Address 4679 Winterset Drive			10 17 2014						
City	State Zip Code		Transaction ID : B7B1661D8D27C4ABAB7						
Columbus Purpose of Disbursement	OH 43220								
r dipose of bisbursement			Amount of Each Disbursement this Period						
Candidate Name		Cotogogy							
Rep. Steve E. Stivers		Category/ Type	5000.00						
Office Sought: House Disbur	sement For: 2014								
Senate	Primary X General								
President	Other (specify) ▼								
State: OH District: 15									
Full Name (Last, First, Middle Initial)	. 1		Date of Disbursement						
C. Texans For Senator John Corny	n inc								
Mailing Address PO Box 13026			10 17 2014						
3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
City	State Zip Code		Transaction ID : B11212D4F4C5446508AC						
Austin	TX 78711		Transaction 12 1 2 1 2 1 2 1 1 100 1 10000 10						
Purpose of Disbursement									
Candidate Name			Amount of Each Disbursement this Period						
Sen. John Cornyn III		Category/ Type	2500.00						
· · · · · · · · · · · · · · · · · · ·	sement For: 2014	.,,,,,							
Senate	Primary X General								
President	Other (specify) ▼								
State: TX District:									
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SCHEDULE B (FEC Form 3X)	III-	I- 1.1.4.2	FOR LINE NUMBER: PAGE 6							
ITEMIZED DISBURSEMENTS	Use separat for each cat	e schedule(s) egory of the	(check only		<b>X</b> 00		7.05			
	Detailed Sur		21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b		
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NAME OF COMMITTEE (In Full)										
American Podiatric Medical Associa	ation Polit	ical Action	Committee	Э						
Full Name (Last, First, Middle Initial)					5					
A. The Congressman Joe Barton Com	mittee				Disbursen					
Mailing Address P.O. Box 1444				10	17		2014	Y		
City	tate Z	ip Code		Transa	otion ID :	DDE25055	001244	900 A 9E		
	TX 7	75120		1141154	ction ib .	BBE358F5	9013440	оээдог		
Purpose of Disbursement				Amount	of Each D	isburseme	nt this P	eriod		
Candidate Name			Category/					-		
Rep. Joe L. Barton			Type		-	,,,,,,	5000.	00		
	ent For: 201	-								
	· ·	General								
State: TX District: 06	Other (specify	<b>)</b>								
Full Name (Last, First, Middle Initial)										
B. THE NIKI TSONGAS COMMITTEE	<u>.</u>			Date of	Disbursen	nent				
				M M	/ D D	/ Y	Y	Υ		
Mailing Address PO BOX 1454				10	17		2014			
,		ip Code		Transa	ction ID :	BC084A45	0FA7A4	9E8B86		
LOWELL Purpose of Disbursement	MA (	)1853								
				Amount	of Each D	isburseme	nt this P	eriod		
Candidate Name			Category/				4500	00		
Rep. Niki S. Tsongas			Type		-		1500.	UU		
	ent For: 201									
		General								
State: MA District: 03	Other (specify)	√ ▼								
Full Name (Last, First, Middle Initial)										
C. Tim Bishop For Congress				Date of	Disbursem	nent				
				M = M	/ D D		Y	Υ		
Mailing Address PO Box 437				10	17	نصا ل	2014			
City	tate Z	ip Code				D=0.4.5.5				
Farmingville		1738		Transa	iction ID :	B7CA6C6	553CE4	15D5A06		
Purpose of Disbursement										
Candidate Name				Amount	of Each D	isburseme	nt this P	eriod		
Rep. Tim H. Bishop			Category/ Type				2500.0	00		
•	ent For: 201	4	1,700		7	7				
		General								
	Other (specify	) <b>*</b>								
State: NY District: 01										
							9000.0	20		
SUBTOTAL of Disbursements This Page (optional)			······		-	,	5000.0			
TOTAL This Period (last page this line number only).										

SCHEDULE B (FEC Form 3X)	Han new control of the Control	FOR LINE NUMBER: PAGE 61 OF 63								
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(orleast orlin)								
	Detailed Summary Page	21b	22 X 23 28b	24 25 26 28c 29 30b						
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or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
American Podiatric Medical Associ	ation Political Actic	n Committe	е							
Full Name (Last, First, Middle Initial)										
A. Tim Murphy For Congress			Date of Disbursem							
Mailing Address P.O. Box 24551	10 17 2014									
City	State Zip Code		Transaction ID - I							
Pittsburgh	PA 15234		Transaction ID:	B81077A6A2E9F45AD8BF						
Purpose of Disbursement			Amount of Each Di	sbursement this Period						
Candidate Name		Catamanu	Amount of Each Bi	Soursement this i chou						
Rep. Tim F. Murphy		Category/ Type		3000.00						
	nent For: 2014									
Senate	Other (specify) —									
State: PA District: 18	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
B. Tim Ryan For Congress			Date of Disbursem	ent						
	M M / D D	/ Y Y Y Y Y								
Mailing Address 1600 Roosevelt Avenue			10 17	2014						
City S Niles	State Zip Code OH 44446		Transaction ID:	B618C453F613B4E9C9A1						
Purpose of Disbursement	44440									
			Amount of Each Di	sbursement this Period						
Candidate Name		Category/		1500.00						
Rep. Tim J. Ryan  Office Sought:	nent For: 2014	Туре		7						
	Primary Seneral									
	Other (specify)									
State: OH District: 13										
Full Name (Last, First, Middle Initial)	-00		Date of Disbursem	ant						
c. TONY CARDENAS FOR CONGRE		/ Y Y Y Y								
Mailing Address 3700 WILSHIRE BLVD SUITE 105	0-B		10 17	2014						
City	State Zip Code		ID	D00470700704D4D55404						
LOS ANGELES	CA 90010		ransaction ID:	B92470790F9AB4BE5A64						
Purpose of Disbursement										
Candidate Name			Amount of Each Di	sbursement this Period						
Rep. Tony Cardenas		Category/ Type		1500.00						
	nent For: 2014									
Senate	Primary General									
State: CA District: 29	Other (specify) ▼									
State: CA District: 29										
SUBTOTAL of Disbursements This Page (optional)				6000.00						
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SCHEDULE B (FEC Form	,			FOR LINE NUMBER: PAGE			62	OF 63				
ITEMIZED DISBURSEMEN			parate schedule(s) category of the	(check only one)		one)						
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American Podiatric Medi	cal Associatio	on P	olitical Action	n Co	mm	nittee	<del></del>					
Full Name (Last, First, Middle Initial	)						_					
A. Udall For Us All								Disbur	semen			
Mailing Address PO Box 25766					10 17 2014							
City	State	)	Zip Code									
Albuquerque	NM		87125				Trans	action I	D : BC	554D9 <i>i</i>	473D88	463F878
Purpose of Disbursement					-							
							Amount	t of Eac	h Disb	urseme	nt this	Period
Candidate Name					egor	y/					1500	0.00
Sen. Tom S. Udall Office Sought: House	Diohuraamaart	For	204.4	Т	уре			- 7	-	7		
Office Sought: House  Senate  President		nary	2014									
State: NM District:												
Full Name (Last, First, Middle Initial	)											
B. VARGAS FOR CONGRESS					Date of Disbursement							
Mailing Address 330 ENCINITAS B	LVD., SUITE 101						10	J L	17		2014	
City ENCINITAS	State CA		Zip Code 92024				Trans	action	D : BA	7E7083	3C764F	4211900
Purpose of Disbursement				$\Box$			Amount	t of Eac	h Disb	urseme	nt this	Period
Candidate Name					egor	y/			-		150	0.00
Rep. Juan C. Vargas	15:1	_		Т	уре			7	-	7	100	3.00
Office Sought:  House Senate President State: CA District: 51	Disbursement Prin Othe	nary	2014									
Full Name (Last, First, Middle Initial	)											
C. Walberg For Congress					Date of	Disbur	semen		Y	V		
Mailing Address PO Box 1362							10	ΙL	17		2014	
City	State	)	Zip Code				Trans	action	D - R1	125/22	0F2C7	42608F2
Jackson	MI		49204				mans	aouon l	וט . כ		J. 2011	.20001 2
Purpose of Disbursement												
Candidate Name					_		Amount	t of Eac	h Disb	urseme	nt this	Period
Rep. Tim L. Walberg					egor	y/					1000	0.00
Office Sought:  House	Disbursement	For:	2014		уре			- 7	-	7		
Senate President	Prin	nary	General ecify)									
State: MI District: 07												
SUBTOTAL of Disbursements This Pa	age (optional)					<u> </u>	ļ.		-	7	4000	0.00
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SCHEDULE B (FEC Form 3X)		, FOR LINE	NUMBER: PAGE 63 OF 63				
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	v one)				
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NAME OF COMMITTEE (In Full)	<b>/ F</b>						
American Podiatric Medical Ass	ociation Political Action	on Committe	ee				
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Full Name (Last, First, Middle Initial)			Data of Dishurasment				
A. Walden For Congress			Date of Disbursement				
Mailing Address PO Box 1091	10 17 2014						
City	State Zip Code		Transaction ID : B9C2207CC9C9B475E9FE				
Hood River Purpose of Disbursement	OR 97031						
rulpose of Disbursement			Amount of Each Disbursement this Period				
Candidate Name		Category/	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
Rep. Greg P. Walden		Type	5000.00				
	rsement For: 2014	-					
Senate	Primary General						
President	Other (specify)						
State: OR District: 02							
Full Name (Last, First, Middle Initial)  B. Whitehouse for Senate			Date of Disbursement				
- Whitehouse for Senate			M M / D D / Y Y Y Y				
Mailing Address PO Box 40280			10 17 2014				
City Providence	State Zip Code RI 02920		Transaction ID : BDADCF645AA3C41EAB7				
Purpose of Disbursement	02920	T					
·			Amount of Each Disbursement this Period				
Candidate Name		Category/	1000.00				
Sen. Sheldon Whitehouse		Type	1000.00				
	rsement For: 2018						
Senate President	Primary General Other (specify) ▼						
State: RI District:	Other (specify)						
Full Name (Last, First, Middle Initial)							
C. FOR AMERICAS REPUBLICAN	MAJORITY PAC (FA	ARM PAC)	Date of Disbursement				
	,	,	M M M / D D / Y M Y M Y				
Mailing Address 675 N WASHINGTON ST. SUI	TE 410		10 28 2014				
City	State Zip Code						
ALEXANDRIA	VA 22314		Transaction ID : B6315AB6BBF4141E6991				
Purpose of Disbursement							
LPAC (Latham) Contribution 2014			Amount of Each Disbursement this Period				
Candidate Name		Category/	5000.00				
Office Sought: House Disbu	rsement For: 2014	Туре					
Senate Sought.	Primary General						
President	✓ Other (specify) ▼						
State: District:	Other201	4					
SUBTOTAL of Disbursements This Page (option	al)		11000.00				
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